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REST FOR PAINFUL EYES—IS THIS ADVICE ALWAYS GOOD?*

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When the eyes tire under much and long-continued use, relief naturally comes with rest, and we voluntarily desist from work so that the eyes may regain their normal condition of comfort; and this they rapidly do. This eye weariness, which comes on simultaneously with a tired feeling in the whole body, is not a painful condition. That it is a general discomfort which rest relieves, is familiar to us all as individuals, and hence we are ever ready to acquiesce in the proposal to rest our painful eyes, when such advice comes from the physician to whom we have appealed for treatment. *But is this advice always good?*

To answer correctly this very important question, eye troubles must be classified into two great divisions.

1. We have diseased states of the eyes, inflammatory in their nature, accompanied by pain with other evidences of congestion, and often associated with blurred vision.

2. This great division comprises faults in eye construction, defects in the focusing power, errors in refraction, unaccompanied by visible congestions, except on abusive use of the organ.

In one or the other of these two great classes most eye troubles can be placed.

When we see an eye that is red, watering, painful, and in many instances accompanied with blurred vision, whether this trouble be in one or in both eyes, we naturally and properly advise rest from eye work, while the inflammatory symptoms are being relieved by judicious medication. We even shut out the normal retinal stimulus, light, by smoked glasses or darkened rooms, and thereby add to the comfort of the patient.

All eyes, painful under use, are not necessarily inflamed ones. On the contrary, a very large number of the most annoying eye troubles are not dependent upon diseased conditions. The discomfort induced by the use of such eyes is occasioned by faults in the focusing power, necessitating over-use of the eye muscles, and subsequent pain in the eyes and head. Any disturbance of the system which causes temporarily general muscular debility, will diminish the force of the eye muscles and increase the tendency to head and eye pains. As these eye faults are most frequently congenital, starting with our very being, they often commence to show their injurious effects when young. Growing, and not necessarily over-strong eyes, are taxed in the acquisition of knowledge, and when the advice to rest these painful eyes for months at a time is a serious interference with school life and with education. Into this classification is brought a very large number of young persons, whose eyes are badly shaped, and hence pain in them on use.

A well-shaped eye should be nearly a sphere. In such a round eye the inner or retinal coat will receive the focused image, sharply defined, of distant objects, without

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aid from the muscles of accommodation. These important muscles, within such an eye-ball, are called into use when the eye is viewing near objects. Writing, reading, and sewing are properly called eye-work, because they require the need of the accommodating eye muscles. All other uses to which the eyes are put, except the viewing of near objects, mean rest. This, of course, is not rest from retinal work, which is going on actively as long as our eyes are opened, for as a rule the retina does not seem to tire. It means rest from intra-ocular muscular work. Such a round eye is called *emmetropic*, and is the type of a good one. This is the kind of eye that nature should always supply to the human race.

Unfortunately from this standard deviations, detrimental to the comfortable uses of the organ, are found in numbers. Many children are born with eyes flattened from before backwards, so that the retina is brought too near the lens and therefore in front of its normal focus plane. This flat eye is called over-sighted or *hyperopic*. Such a flat eye, when at rest, does not see even a distant object sharply. It needs muscular work for all purposes, to enable it to focus light from far as well as from near objects. Such an eye is never at rest during waking hours. As nature abhors a vacuum, so badly-shaped eyes may be said to abhor badly-defined pictures on the retina. An effort is made involuntarily by the flat eye to sharpen outlines and perfect the focus. This is always a muscular effort. When required for distant vision, as is always the case with flat eyes, some of the muscular force of the eye is used up, leaving less for the accommodating power in viewing small near objects. If the eye be very flat and the demand upon the muscular apparatus necessarily very great for even distant objects, then the moderate use of the eyes for reading soon exhausts the remaing muscular power. After reading for a short time, the natural relaxation of the over-worked and tired muscles changes the focus of the lens, blurs the image upon the retina, and causes the letters to run together. A little rest enables the muscles to resume work and the printed page to be again clearly seen, but a very few more minutes' use of the tired muscles again blurs the page. If the effort to read be persisted in, pain in the eyes and in the head ensues. If the muscular force be weakened by any acute disease, then the eyes give out the sooner. We experience this in children after measles, diphtheria, etc. Children who could study with comfort before the attack, find themselves unable to read for any length of time afterwards. Often months are required before the eye muscles again become strong.

An eye may be so very short in its anterior-posterior diameter that all the intra-ocular muscular power is required for viewing distant objects, leaving none for near work. Children with such badly-shaped eyes can not study, because from deficiency in the focusing power of the crystalline lens they can not distinguish the shape of the small letters. The nervous apparatus of such an eye is good. The retina and optic nerve are perfect, but the picture thrown upon this retinal screen is blurred, solely for want of accurate focusing power. Add to the lens power, and perfect vision for small objects is at once obtained. The accidental use of their grandmother's glasses to aid the crystalline lens to focus a sharply defined image is a marvellous revelation to such an eye, and shows just what it requires to make it a strong, useful organ; viz., a pair of properly adjusted magnifying spectacles. With such scientific aid the child is in condition to undertake hard study, and seeing clearly becomes easy. Because over-exertion of the eye muscles is no longer required when the child wears properly selected glasses, no more pain in eyes and head is experienced during study hours.

Although rest from near work will always bring about relief from the pain consequent to over muscular exertion, the advice so often given to parents by the family physician, to take hyperopic children from school, and let them rest their eyes from study, for months at a time, is bad, because it is founded on ignorance of the cause producing the trouble. At the end of six or twelve months the eye is just as misshaped as it was before the rest was taken, and application for near work will surely bring back the former painful discomfort. This is a matter of every-day observation. Adjust proper glasses, correct the error of refraction, give the eye muscles less work to do by allowing the eye to do its work with spectacles on, and consequently without effort, is surely the rational course to be pursued. *With the aid of magnifying glasses for all uses, a flat eye will need no rest. To rest such eyes with the expectation that they will become strong is delusive, and is therefore bad advice.*

Again, an eye may be misshapen from the round standard by being longer than it ought to be. An eye long in its antero-posterior diameter is more oval than round, and is called near-sighted or *myopic*, because it only

sees near objects clearly. The retina is so far from the lens in long eyes that a focus of light from distant objects is made before the retinal screen is reached. When the picture is finally thrown upon the nerve layer it is ill defined, and consequently blurred. Distant objects for such eyes are always befogged, unless the strength of the crystalline lens is weakened and its focus lengthened by the use of concave or near-sighted glasses. As flat eyes were always congenital, so long eyes may be found at birth. As a rule, however, eyes acquire this condition, and become misshapen by too much study in early school life. When an eye, previously good for seeing distant objects, changes shape and becomes near-sighted, the change indicates a yielding of the sclerotic or outer tough coat which is the sustaining wall of the eye-ball. This is a weakening and diseased condition of the organ, which will eventually be a serious injury if it becomes excessive.

When progressive near-sightedness is found in school children, in order to check the rapid deterioration in this very valuable organ, rest from eye work becomes a very important factor in the treatment. When the eye-ball is elongated, the cornea retaining its regular outlines, concave spherical glasses correct the defect in the focusing power of the lens and make vision better; but this aid for distant vision does not make such young and still growing eyes strong or capable of standing abusive work.

There is still a very important class of misshapen eyes, also starting usually with the very beginning of life. *It is to call attention to the headaches and eye pains caused by many such eyes that this paper is written.* In this large class of painful eyes the cause of trouble lies in irregularities of curvature of the surface of the cornea. The curvatures of the various meridians differ, as if the eye-ball had been flattened from its sides. In such eyes the misshapen cornea may be represented by the crystal of a watch, which has lost its true spherical form, from irregular pressure upon its edges when the substance of the glass was still soft. The curvatures of the short diameter, corresponding to the direction of pressure, must be greater than those of the longer ones, and this must necessarily vary the focus of light passing through these different convex surfaces. In some meridians light may pass through and focus correctly upon the retina; in other directions the focus of transmitted light will be made too rapidly or too tardily, in either case blurring the retinal image, and causing defective vision. Whether the cornea border be compressed vertically, horizontally, or obliquely, it so changes the surface of the cornea for that direction, that however perfectly the other surfaces of the cornea may focus, the faulty curvature acts as if it were a distinct lens of different focal power, and it will cast shadows over the sharply defined picture made by the correct portions of the cornea. This error of refraction is called *astigmatism*, and may be found in long, short, or round eyes; hence we find simple or mixed hyperopic or myopic astigmatism. Such irregular corneas are frequently met with. In all such eyes an effort is made automatically to correct this fault by changing the shape of the crystalline lens to correspond with the irregularities in the cornea. Fortunately the lens in young persons is so soft and jelly-like that very little action on the part of the eye muscles corrects the faulty lines of refraction, and a perfect focus is secured. For a time this succeeds well, and comfortable clear vision is enjoyed, provided the application of the eyes for near work is not too long continued. But unfortunately the lens is hardening steadily with advancing age, and the muscular effort has to be continually increased till it becomes irksome and finally painful. The discomfort produced does not restrict itself to the eyes alone, but diffuses itself over the brow, forehead, and temples, causing headache more or less persistent. In some cases the pain invades the whole head, back of neck, and even spine. These headaches can always be brought on by eye use. To some very sensitive astigmatic patients eye use refers to their whole waking life. They arise in the morning with comfortable heads, but before they are dressed the headache has been started by the necessary toilet preparations, and it increases in severity with the advancing day. Sunrise and all day headaches they are, with some of these very susceptible persons, whose eyes see differently for the different curvatures of their cornea.

Every object in nature will radiate light from every exposed surface, and the eye catches some of these rays. Where the cornea is regularly curved, light from any and all directions is accurately focused on the retina, and while we see every thing perfectly we are not aware that we have eyes, so painlessly do they functionate. To the abnormally sensitive astigmatic eye this varied direction of light beams, transmitted through and irregularly refracted by the varied curvatures of the cornea, necessitates nearly

a choreic action of the ciliary muscles. From this perpetual changing of focus, now for one part of the cornea and then for another, fatigue of the muscles and pain in the eyes must soon be induced, even to the extent of making sunlight annoying.

This irregular shape of the cornea can be detected if the eye views a drawing similar to a clock dial, traversed by groups of black radiating lines of equal size and distinctness. By a well formed eye these groups of lines are seen with equal sharpness of outline and of the same degree of blackness. By an astigmatic eye some of these groups of lines are brought out much more boldly than others. While some remain black, others of these black lines may appear gray, and at times even red or blue; and instead of standing out boldly in the group, they run together as if they were one solid line. The faulty lines are always at right angles to those most closely seen. With the clock dial card, if the lines running from 12 to 6 o'clock are brightest, those from 3 to 9 o'clock will be most blurred. If those from 10 to 4 are the most clearly defined, the blurred lines will be in the direction of 1 to 7 o'clock, and so on for any other series of lines. If a cylinder lens be selected, which will make the dull lines as bright as the clear ones, this peculiar eye-glass, when carefully set at the proper angle, will equalize vision, and will remove the discomfort which the use of the eyes had formerly produced.

The ordinary spectacles. worn by the masses, are called spherical lenses, being sections of a sphere or ball. Such are the glasses worn by near-sighted and by old persons. The peculiar glasses which correct irregularities of corneal refraction are called cylinder lenses, because they represent a slice of glass taken from the length of a round bar or cylinder. The spherical and cylinder glasses bear the same relation to each other as would an open umbrella to a wagon top. The cylinder lens has, as it were, a ridge pole over which the curvatures of the lens are made, while the spherical lens curves in all directions from a central point. In the use of cylinder glasses the ridge pole or plain surface is always set in the direction corresponding to the clearest lines of the clock dial, and the curved surfaces of the lens are put necessarily in the direction of the blurred or discolored lines of the dial. Such cylinder glasses alone can give rest to the weary muscles in astigmatic eyes, for without them these irregularly curved eyes cannot secure rest except during sleep.

A very useful law can be laid down for the guidance of physicians in the treatment of their eye complaining patients, viz., that headaches which come on with the use of the eyes, and which disappear during the rest which a night's sleep brings to the weary eyes, do not usually depend upon gastric, hepatic, cerebral, or uterine troubles, as is so commonly believed.

When school girls from 12 to 18 years of age complain of eyes and head aching, after hours of close application, and are not annoyed in this way during vacations or times of eye rest, inquiry is yet made by the family physician concerning the menstrual functions. Any tardiness in the appearance of this discharge, or any deviation in its amount or frequency from what the physician has established in his own mind as the normal, is deemed too often a sufficient and satisfactory explanation for all the head and eye discomforts. According to their theory, when the monthly discharge becomes regular the head and eye troubles will disappear; but permanent relief does not come as was expected. When young men complain of these identical symptoms of eye pains and headache after hours of study, I sometimes wonder why, from professional habit, their menstrual functions should not be also inquired about, for the same explanation might as truthfully be accepted for them.

In this connection I will also say that these eye headaches, disappearing after sleep, have their origin neither in malaria nor in a bilious derangement, notwithstanding the fact that these terms are used every day in connection with them by patients and physicians. Neither quinine, calomel, morphine, nor pessaries will prevent this kind of eye headache, although building up the system in feeble persons will help the eye muscles and relieve them. The careful adjustment of proper glasses, by correcting the painful muscular effort, alone will cure them. Rest is a very frequent prescription with physicians for such painful eyes. It will quiet temporarily the pain, but what permanent good can it possibly secure? When upon the use of the eyes the head aches, and when painless heads are made painful by reading, with very few exceptions, it is the abnormal curvature of the cornea which causes the eye and head pains. How can rest bring about a correction in these faulty curvatures? Might as well expect rest from walking to make a shortened leg grow to the length of the other, as to expect a shorter curve in one direction of the cornea to grow out to the dimensions of the other longer meridians by

resting the eyes from reading or sewing. We can readily see the absurdity in the leg suggestion, and yet many physicians do not see that the expectation from the eye rest is equally preposterous.

How many thousands in this country to-day are impatiently and uselessly resting eyes that pain when put to near work, when a pair of properly adjusted spectacles will correct the evil?

Nearly every day I restore some restless patient to his work who had sought in vain relief from eye pains in rest; or I assist some ambitious person, who having acquired an enviable start in life, feels that his painful eyes have become barriers to further study and prospective promotion. Daily, by the use of properly selected glasses, I cure headaches, often of years' duration, and which have resisted every species of medication. In so doing I have often been able to satisfy anxious patients that their brains, stomachs, livers, kidneys, or uteri, have been accused wrongfully of producing the headaches, and that these have ever been innocent and healthy organs. The following remarks I have frequently heard from patients to whom I had recently prescribed astigmatic glasses: "For one week, ever since I put on the spectacles, I have been free from headache, and it is a freedom that I have not had before for years."

Although most astigmatic eyes cause headache and eye pains, if the eyes are much used in fine work, especially by artificial light, I find cases of faulty refraction from astigmatism in which headache is not and has never been an annoying symptom.

In some astigmatic persons a strong muscular development enables them to conceal the corneal irregularity. Should any disturbance of the system temporarily weaken this muscular power, the eye muscles, along with the other muscles of the body, are weakened and unable to keep up their work; then are pains induced. If it be a bilious or gastric disturbance, its temporary influence over the muscles is mistaken for the actual cause of the headache, when it is only the indirect cause, permitting the latent trouble to become manifest. If the astigmatism did not exist in a concealed form, there would be no headache on use of the eyes during these general disturbances.

Again, in nervous persons, especially in females, I have found great suffering about the head and eyes, clearly traceable to a small degree of irregular refraction, and promptly corrected by the constant use of carefully adjusted cylinder lenses.

The case with a report of which I will close this paper is one of unusual severity in effects, although a high degree of astigmatism did not exist. Such extreme discomfort as this lady suffered is fortunately not often found. The case is also peculiar from the length of time that she suffered before her eyes were suspected of being the source of the trouble. In this age of diffusion of medical knowledge by means of many medical journals, physicians are on the alert to distinguish eye headaches from the headaches caused by other organic disturbances, and usually at an early day invoke the aid of the specialist in eye diseases to remedy the evil. In her own case several years elapsed in testing newspaper remedies for headache, having lost faith in physicians from her earlier medical experiences. The case, however, will illustrate the efficacy of proper glasses in relieving even years of suffering.

Mrs. F., aged 38, the mother of several children, has been a martyr to headaches since childhood; and during the past thirteen years, since her married life, has been often nearly crazy from them. Any close eye work, continued for even a short time, would send her to bed with a raging headache. On an average she has spent one day out of every week in a dark room, and that has been kept up for months at a time. If she felt bright and applied herself to complete any needle-work, so necessary with a growing family, she never failed to pay the penalty in severe head and eye suffering. When she came first to my office, she frankly told me that she had come because she had been advised, not that she expected any benefit, for she had no faith in any curative agent whatever, having years since exhausted them all without finding any relief. She gave me this very clear history of her case: "Dr. A. has always been my family physician, and in him I have every confidence. Having in my early married life exhausted his skill in vain attempts at relieving me of suffering, he gave up treating me for these headaches many years ago. Under his advice I had consulted Prof. B.; you know him to be one of our leading practitioners. He acknowledged that I had a good family doctor, but thought that something might have been overlooked, and he hoped to find me a remedy. He varied his medicines, as one after another failed to procure me relief, and finally he advised a visit to the sea-shore. I spent six weeks at Cape May, and while there rested my eyes from all work, eschewing both reading and sewing. I returned home with body invigorated by the salt

baths, and was free from pain. As soon as I commenced using my eyes in sewing all the old distressing symptoms returned. My family physician and friend, seeing me in some of these terrible attacks, advised me to consult another physician, Prof. C., who you know has the reputation of being a very skillful physician. He had me under his professional care all winter and spring. Summer found me no better. Any use of the eyes in sewing or reading sent me to bed with twenty-four hours of suffering before me. He finally advised a course of mineral waters, and sent me to the White Sulphur Springs of Virginia. There I spent two months, which improved me much in health. In the fall I returned to Baltimore, looking and feeling well. A very few days of housekeeping showed me that the long rest at the springs and the drinking of sulphur waters had brought me no permanent good. My head at times ached as badly as ever.

"I now despaired of ever getting relief, because I had sought the best medical advice at my command and all to no purpose. Some of my friends, in their anxiety to see me cured of the daily suffering, advised me to try homœopathy. I accepted the suggestion, and sent for Dr. D———. He examined carefully into my case, and said that he could cure me. With these assurances from the new physician, my feeling barometer at once went up, and my future prospects brightened. I entered actively into the course of medication mapped out by him. I took his mixtures hour by hour, for days and weeks, my faith growing unfortunately less and less with the monotony of the dosing. Finally, as my headaches were not mitigated even by the long-continued treatment, I gave up all hope, and dismissed the homœopathic physician.

"I felt that my case was now beyond medical cure, and I became despondent and rash. In my anxiety to secure relief I have tried anything that any one would suggest. I believe that during the last six years I have taken every quack remedy warranted to cure headaches that I could hear of, as published in the newspapers, and my many friends have kept me well supplied with this kind of information. Recently I have heard how Miss E——— has been cured of constant headaches by wearing glasses, and my friends have suggested that I have my eyes examined. On the principle that, in my desire to escape this bodily torment, I have been willing to try every treatment that has been brought to my notice, I have come to have you examine my painful eyes; but I must tell you candidly that I expect no benefit, and have given up all hope of obtaining relief."

Upon examination, I found that she could read the finest print, but only for a few lines. Her distant vision was also acute. Fixing the eyes upon the clock dial trial card for a short time caused pain in the head and eyes, and also induced a feeling of nausea. I found that she could clearly see the vertical lines of the test card, but only dimly those which were horizontally placed. I selected from the trial case a magnifying lens which would make these blurred lines perfectly clear for each eye, and finding the corresponding cylinders, adjusted them at the proper angle in a trial frame. These I placed before her eyes. To her surprise, not only did all the lines come out with equal boldness of color and of definition, but she found herself able to stare at them without inconvenience. After she had worn the glasses for some minutes, feeling great comfort from them, I removed the frames, when immediately the nausea previously experienced came on. The restoration of the glasses brought back strength of vision and comfort. I prescribed for her the proper cylinder lenses set at an angle of 180° in spectacle frames, to be constantly worn. So anxious was she to test these spectacles that on her way home from my office she called at the optician's and remained in the store while the glasses were being fitted to the frames which she had selected. When they were ready she put them on at once and sallied forth. Before getting home she found herself walking with a degree of comfort which she had not known for months.

The rapid improvement commenced from that hour. Her headache disappeared within three weeks by the rest which her eyes enjoyed from the constant wearing of the spectacles. Now she makes her eyes do just what she pleases. Her constant headaches are bygones, and are only remembered from the years of torture through which she had passed. Her face has become bright and free from care as her head is free from pains. Her relief by such apparently simple means, and without medicines, is called a miracle by herself, and is a marvel to her friends. No amount of rest without these cylinder glasses could have effected this cure from suffering. It had been thoroughly tested, and had been found as useless as the many prescriptions with which during many years her body had been drugged. *Cylinder glasses alone could, and they have cured her.*

TREATMENT OF CHOREA.

BY JAMES E. FREE, M. D.,

Of Emporium, Pa.

When I was a boy thirteen years old I had an attack of chorea, which commenced in March and lasted until September. During the preceding fall I had been troubled with rheumatism, and from the date of a polyarthritis, accompanied with heart complication, I was more or less inclined to disorder of the nervous system. But it was the beginning of spring before I left school to undergo special treatment.

There were at the time two cases of chorea in the neighborhood, and it was the opinion of some that I had acquired the disease by either contagion or imitation. The suspicion was unfounded, because it is a fact demonstrated by experience that association (which did not take place) cannot produce chorea, and as a special germ has not been discovered in the blood with the microscope, there is no proof of contagion. The cause in the other cases was undoubtedly sexual indulgence; the female, who was one of the subjects, gave birth to an illegitimate child at the age of sixteen about two years afterwards.

Several plans of treatment were tried unsuccessfully, and as a last resort, I was placed on a farm and allowed to run wild. My experience there taught me something about chorea which I have ever since regarded as indispensable in its treatment.

The first thing that struck me as being necessary in my case was freedom from observation. When satisfied that nobody was watching me I had much greater control over the muscles of voluntary motion than at other times. I could take a glass of water at a certain spring without much inconvenience, but at the table I was liable to make the most awkward and fantastic motions. The reason for the increased difficulty when in the presence of others was my morbid sensibility, and the tension of an effort to appear unconscious of observation brought on a second stage of relaxation and motor excitement. Sustained mental activity was impossible; some of my attempts at writing are still preserved. The letters of an occasional word are fairly well formed, although the greater portion appear to have been constructed by a hand which did not know in what direction it would move next. Sitting still was absolute torture in the presence of others; if alone, I could sit down in a chair and be comparatively quiet; but the moment a footstep was heard, I was completely unstrung, and would be compelled to vibrate like a toy suspended by a piece of rubber. The will had lost the power to exact obedience from the muscular system; trying to do anything that required complex motion, or the effort to sit still, would cause chilly sensations to fly over me, my skin would itch, and there would be creeping feelings and subsultus and tic. And like a chill, these sensations would be followed by a stage of excitement; my pulse would run up high and become irregular; my heart would not pulsate synchronously with the radial artery, and respiration would not be rhythmical, and my legs and arms and head would fly off at a tangent.

Another thing which I found to be useful was a support for the back. The recumbent position abolished the muscular tremor to a marked degree, and after a night's rest there was absence of symptoms until attempts at coördination brought them back.

Sometimes when worn out by a hard day's work, if compelled to watch by the side of a patient, I feel the same restlessness. Every physician knows that nameless longing to stretch and yawn, accompanied with tingling and pricking sensations, which overtake the weary watches during his vigils; they are the same the choreic patient experiences. Another peculiar sensation in my case was connected with the larger blood-vessels. I can compare it to nothing better than the emptying of a bottle of water. The way the water escapes reminds me of the sudden emptying of blood out of an artery; and although not distinctly audible, I imagined that the sounds of the two actions resembled each other.

From what I experienced, I think the circulatory apparatus is the seat of the trouble. I had an attack of rheumatism previously, and there was implication of the cardiac structures, and that fact may be sufficient to account for the irritation of nerve-centres by molecular particles of fibrin set free from an inflamed endocardium. Hughlings Jackson claims that in chorea there is a minute embolism of vessels in the convolutions near the corpus striatum; that portion of the striatum, as the anatomist knows, is supplied with blood by the branches of the middle cerebral artery, and interference with its nutrition would account in some measure at least for the muscular instability.

There are numerous causes for chorea; thus tenia, a fœtus, masturbation, etc., may serve as samples. By some writers fright has been placed at the head of the list, but

how it can produce the effects which morbid anatomy proves to exist, is an unsettled question. Masturbation is a cause the frequency of which is hard to estimate, because the secret is almost sure to be concealed with great cunning as long as possible; however, genital congestion is a frequent post-mortem appearance. The situation in a case of chorea seems to be this: there has been an exhausting drain upon the nervous system, the centres which control the circulatory function are not supplied with their normal food, and consequently deterioration of tissue results.

In the REPORTER recently a contributor commends to the notice of the profession cimicifuga as the tonic par excellence in this disease, and says that it is used much less than it ought to be. One reason for its want of popularity may be its nauseous taste.

I remember that its use was recommended in my case, but owing to its constant rejection by the stomach, it had to be discontinued. There is no other drug in the materia medica that has a similar effect upon me, but it is utterly impossible to keep snake-root in my stomach. Another writer observes that arsenic is the main reliance of practitioners in chorea. If it is true, it is unfortunate, for it does not deserve to be.

Thorough oxygenation of the blood always made me bright and hopeful, and I soon learned that the close atmosphere of a house aggravated the disease, while outdoor exercise, and especially expansion of the chest, produced a tonic effect. The cause of the morbid manifestation settles the question of the applicability of arsenic. A friend of mine, who practices in a malarious district, extols the following:

℞. Strychnia sulph.,
Acid arsenious, āā gr. j.
Hydrarg. bichlor., gr. ij.
Quinia sulph., ʒj.
Gentian q. s. ft. pil. No. xxx.
One pill to be taken three times a day.

Cases of chorea that do not show a tendency to recovery when their surroundings are favorable should if possible be placed in a secluded spot where freedom from observation and plenty of fresh air can be obtained. Those who have not realized the morbid sensibility of choreic patients cannot appreciate the necessity for withdrawing them from the contact of society, and also the foolishness and futility of attempts to overcome that feeling of timidity by such devices as are common in dealing with hysteria.

Every morning the patient should have a nourishing breakfast, and afterwards a bath and thorough rubbing. "Suppose the patient will not eat?" you say. Yes, but he will eat when once he begins to feel properly oxygenated blood coursing through his body, unless his disability is so great as to interfere with mastication and deglutition. If he refuses food, there is probably some disorder of function that can be reached by means of our art. The problem is to obtain the best substitute possible for nature while we encourage and educate the sluggish faculties to resume their sway.

Bathing and rubbing are important. Chorea is a disease that makes the surface of the body uncomfortable. Subsultus is common, and a bath in water of a comfortable temperature, in a comfortable apartment, to be followed by rubbing with dry towels, brings the blood to the surface, and causes a grateful sensation of ease instead of the itching, uneasy feeling.

After the bath some method of gentle exercise should be practiced. What is indicated is something to cause a shaking-up of the entire system. Nothing violent should be tried. Motion, such as is obtained by moving down stairs, will suit patients who are large and intelligent enough to practice it. A regular lesson in calisthenics is not desirable; neither are dumb-bells and Indian-clubs, because to obtain the supposed benefit a certain power of concentration of the mental faculty is demanded when perfect abandon is the desideratum. Executing a dance is good—not the intricate parlor figures, but only the jumping, up and down motion—by which, especially, the muscles of the extremities are thoroughly used, and the entire body shaken. The greatest caution is necessary in commencing these lessons, because to one unaccustomed to them only a few minutes' exercise is sufficient to cause stiffness and pain in the over-worked muscles, along with headache, nausea, etc., the following day.

I am in the habit of insisting upon a gradual increase in the amount of exercise. Beginning with a short lesson, say twenty to fifty jumps, the number is increased until two or three hundred is reached. This need not take more than ten minutes daily, and when once habituated to it, as the patient is likely to be in a short time, no interference with digestion need be feared. Instead of becoming irksome, these daily lessons are enjoyed, and I have several times had to restrict the number and amount of each.

IS CHLOROFORM MORE DANGEROUS TO ANIMAL LIFE THAN THE BROMIDE OF ETHYL?

BY LAURENCE TURNBULL, M. D.,

Of Philadelphia.

Dr. Laurence Turnbull read a paper at the conversational meeting of Philadelphia County Medical Society, December 22, 1886, containing a series of experiments by Drs. Turnbull, E. J. Reichert, and Robert M. Thomas, to prove that chloroform is more fatal to animal life than bromide of ethyl or hydrobromic ether. He also gave a history of the so-called fatal cases attributed to bromide of ethyl, and proved by a careful study of each that the first two were the result of disease of the kidney and phthisis, and the last from not using the prop between the teeth and having no one at hand to use artificial respiration, and also using a mixture of the bromide of ethyl with something else, under a false name. The reader of the paper also alluded to the danger of a mixture of chloroform and nitrous oxide in London, France, and this country, and the death of one or more individuals whilst under its influence. He, in conjunction with his friends, had made a number of experiments on the sedative effect of chloroform upon the heart's action and the reflex phenomena, on irritation of the sensory filaments of the fifth nerve, thereby showing that a small dose of chloroform is much more dangerous than the bromide of ethyl, when the heart power is most seriously reduced by its action, and is incapable of supplying the brain properly, unless the patient is in the recumbent posture.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by WILLIAM H. MORRISON, M. D.

Discussion on "Is Bromide of Ethyl as Dangerous to Life as Chloroform?"
(See above.)

Dr. James M. Barton in the chair.

Dr. William H. Pancoast: "I have had very little experience with bromide of ethyl, having used it but a few times. From my own experience, I would say that where an operation requires any length of time, ether is the most effective anæsthetic. My plan is to give ether without allowing the patient to be held, and if the patient becomes excited, to throw on the towel about a teaspoonful of chloroform, and after the stage of excitement has passed, to continue the use of ether. In office practice I use occasionally chloroform in slight operations, or nitrous oxide gas. When I employ chloroform, I direct the patient to hold up his hands, and the moment he begins to feel the effect of the anæsthetic, the hands will drop, and at that moment any slight operation may be performed. I am satisfied that when ether is given patients are often ether-logged. In many cases where death is attributed to shock, I think that it is due to the excessive use of ether. Ether and chloroform should not be mixed. The mixture of ether, chloroform, and alcohol is very dangerous. With such a mixture, you are giving chloroform without the precautions which chloroform requires. I have given ether in cases of phthisis and in cardiac disease, and in the last, have found the heart become steadier under its proper administration."

Dr. W. Joseph Hearn: "I have not had a large experience in the use of bromide of ethyl, but I believe that it must be watched as closely as chloroform. I believe that by the careful and gradual inhalation of chloroform, every case can be anæsthetized safely. In private practice I frequently use chloroform. I believe that there is less shock from its use than from ether. In cases where there has been great shock I have used chloroform with satisfactory results. Where a person is much debilitated, it does not require much of any anæsthetic to produce anæsthesia. I think that we can make no comparison between the effects of an anæsthetic on animals and on man. I have frequently given chloroform to dogs, although it has invariably resulted in death."

Dr. Laurence Turnbull: "With the utmost care, dogs can be put under the influence of chloroform, but if we are careless, in an instant the dog is dead. The late Dr. Griswold recently stated that ethyl bromide would kill dogs quicker than chloroform. This is not the case, as the observations in my paper will show. Dr. John B. Roberts has reported four deaths from the use of ether, where the fatal result was due to engorgement of the bronchii and paralysis. Ether is frequently continued much longer and in larger quantity in the lungs than there is any necessity for. This is especially true in regard to Squibb's ether, which contains very little water. In using this, it is well to moisten the sponge with warm water before applying the ether."

Dr. Laurence Turnbull exhibited a preparation of

Peroxide of Hydrogen,

which he stated was discovered in 1818, by Thénard, and introduced to the medical profession in 1858 by Dr. B. W. Richardson, of London. The first knowledge of its reintroduction into practical medicine was from a pamphlet received from a friend, Dr. Landolt,* of Paris, who employed it with success in ophthalmic practice, more especially in purulent ophthalmia and ophthalmia neonatorum. This was followed by experiments with it by R. J. Nunn, of Savannah,† in the treatment of diphtheria. Its use in ear diseases was first reported by Dr. Bethman in a paper read before the Chicago Medical Society, in February, 1885,‡ and then by W. A. Dayton, M. D., of New York, who was very eulogistic, stating "that the article has a future among the most trusted resources in the materia medica." Our experiments were made with it in 1886 in diseases of the ear.§

Hydrogen peroxide is a syrup-like liquid prepared when any of the peroxides are treated with an acid; the excess of oxygen is passed over to a portion of distilled water, and is converted into a solution of hydrogen peroxide. In this concentrated form it is stated to be a powerful vesicant and irritant; but in the solution in which we employ it, a twelve to fifteen vol., it is non-irritating as a rule, and yet it acts as a disinfectant and bleaching agent, destroying pus, blood, and all products of the disintegration of tissue. It acts by setting free the extra equivalent of oxygen, which attacking the septic material and disinfecting it.

In our detailed experiments|| we have found it useful in mastoid abscess, ulceration and caries of the ossicles, in acute and chronic suppurative inflammation of the middle ear. When applied warm it leaves a clean granulating surface, which is to be treated by powdered boracic acid and other gently stimulating and protecting agents, so as to facilitate the healing process of nature. When fresh it is neutral to litmus paper and has no odor. It should be kept covered and in a cool dark closet. If by any means any organic agent comes in contact with it, it is destroyed, and should not be employed. It resembles a solution of permanganate of potassium in all its actions. and yet a test of its purity is that it should dispel a weak solution of this agent. It is stated by chemists who make the preparation that there is an erroneous impression prevalent, regarding the difference between the percentage and volume solution, the latter often being mistaken for the former. The preparation which I obtained from Morgan, of this city, and made by Sheppard, of Boston, is a fifteen volume solution of about 3 to 3½ per cent.

The pure substance is 100 per cent. strong, and yields four hundred and seventy-five volumes of gas. A 1 per cent. solution then is equal to a 4.75 volume solution.

Owing to the article being unstable, it is stated that the preparations usually found in the market are acidulated with sulphuric acid. This free acid should be neutralized by adding baryta water, drop by drop, until a precipitate of the sulphate ceases to form, then filter or allow it to stand, and decant the clear liquid. The medicinal dose of the hydrogen peroxide is from one to three teaspoonfuls of the two-volume solution three times a day.

Dr. S. Solis Cohen: "I have had considerable experience with hydrogen dioxide during the last four years, and am willing to go further than Dr. Turnbull in regard to its value as a topical cleansing, disinfecting, and stimulating agent. It has a distinctly solvent effect on effete matters, such as devitalized epithelium. In a recent case of lingual psoriasis this effect was very marked. I have even thought I could notice a change in living but horny epithelium, though this particular observation is too recent to be positive. Its internal use, in conjunction with super-alimenation, greatly improves nutrition, especially in phthisis, anæmia, and wasting diseases generally. This I have attributed to the introduction of oxygen into the blood. It may, however, be due to a stimulating action on the digestive processes. The internal administration of the drug has been neglected in this country. The best form in which to administer it is that which is known as ozonic ether, introduced, of course, by Dr. Benjamin Ward Richardson, long ago. It is but very recently, however, that I have been able to secure a preparation of this, and then only by importing it from Robins, of London, Dr. Richardson's chemist, which I could have done in the first instance. This contains thirty volumes of the gas, while the aqueous solution contains but about ten volumes. The dose of ozonic ether is one drachm three or four times a day. It may be given undiluted or with some appropriate mixture. The aqueous solution must be given well diluted. One result of the administration of this drug in certain indi-

*See also notice in London Medical Record, March, 1883.
†New York Medical Record, 1884.
‡New York Medical Journal, April 25, 1885.
§Manual of Diseases of the Ear, 2d edition, 1887.
||Manual of Diseases of the Ear, new edition, 1887. J. B. Lippincott & Co., Philadelphia.

viduals is a slowing of the pulse. Where this occurs, the remedy must be used with caution."

CLINICAL SOCIETY OF MARYLAND.

(*Continued from page* 78.)

Aluminium Probe for Dilating the Nasal Duct.

Dr. Samuel Theobald showed a probe made for him by Charles Willms, of aluminium, for dilating the nasal duct. The special advantages were that it was very much lighter and somewhat stiffer than that made of pure silver, and the surface has a peculiar slipping quality, rendering its passage through the duct more easy than either the pure silver or nickle-plated probe. Although he uses styles very seldom, in exceptional cases he is obliged to, and finds the extreme lightness of those made of aluminium a very great advantage.

A Case of Squint.

Dr. Herbert Harlan related a case of squint in which the left eye turned downward. He cut the inferior rectus of that eye, and, as a result, very nearly corrected the deformity. He then cut the superior rectus of the other eye and thus got the two eyes on the same plane. At first the deformity was nearly as great as before, owing to the fact that the eyelids did not at once change their relative position to suit the respective eyes. This is being gradually accomplished, however, and he thinks that in a little while the edges of the eyelids will take their usual position in relation to the pupils. The case was complicated by a myopia of $-\frac{5}{D}$ in the right and a compound myopia astigmatism in the left. The left required a correcting lens of $-\frac{6}{D}=\frac{1}{D}$ eye 180°.

DISCUSSION.

Dr. Theobald had a case somewhat similar. When both eyes were used, there was binocular fixation, but if one eye was covered there was a movement of the other eye up or down, according to the eye examined. The condition was relieved by using prisms of only 1°, the base of one being downward and the other up. The patient, a boy of about 10 years, was very dependent upon his glasses.

Dr. A. Friedenwald had lately seen a case of downward squint in one eye, which, being congenital and combined with ptosis, he considered could not be cured by operation.

He had also seen a case of a lady who had a small vascular growth connected with the upper eyelid. He cut it off, but failed to check the hemorrhage with persulphate of iron or nitrate of silver, succeeding only with pressure applied for several days. He afterwards tried electrolysis, the immediate effect of which seemed to be to exaggerate the growth; but, after an interval of about three months, he found that the tumor had shrunk up very remarkably. He desired to call attention to the fact that electrolysis did not in all cases promptly destroy such growths.

Dr. R. Winslow had had electrolysis used for the removal of some small vascular growths on his own body; had found that there was a very decided amount of pain connected with the procedure. He thought its effect was due to its caustic action.

Dr. I. E. Atkinson said that electrolysis was effective in only a certain proportion of cases. Its action is not generally that of a caustic, as there is not enough heat generated to cause such action. He considered it the only reliable method for the removal of superfluous hairs. When it fails for this purpose, it is owing to the fact that the needle does not follow the course of the hair follicle. If properly used, it does not leave a scar. This much is seen only when the needle has to be repeatedly introduced into the same hole. The amount of pain experienced depends both upon the person and the manner in which it is used. The proper way is to introduce the needle attached to the negative pole, and then let the patient squeeze the sponge. When froth shows itself around the needle, the work is done. If the needle is withdrawn without breaking the current a shock is felt, otherwise none.

He had used electrolysis in certain other cases without success. In acne rosacea, introduction of the needle along the line of the blood-vessels will blanch the surface, but the vessels are not destroyed. He thinks excision of the vessels a better plan. Very small nævi can be removed successfully, but if large the operation has to be repeated so frequently as to be of no advantage. In the very small branching red spots, "spider cancers," so called, this method has been used by others with success.

If we set up a destructive action in parts of an area the pressure of the scar-tissue, so formed, may cause disappearance of the morbid growth. He thinks the electrolysis has no other action than that which is immediate.

Dr. Harlan had used electrolysis for the destruction of hairs. He thinks the degree of pain depends upon the situation of the hairs. Had found but little signs of pain when used upon the thicker portions of the skin, but considerable when the skin was thin and delicate, as about the eyelids.

Dr. Theobald had found that a single zinc-carbon cell, with electropion fluid, would raise a fine platinium wire to a white heat. He considers that a similar result would follow the use of a fine steel needle, and that the action is practically that of a galvano-cautery.

Dr. I. E. Atkinson considers that if the action was that of a caustic there would be an eschar formed. In electrolysis a froth is found and no eschar. He thinks that it has been demonstrated that it is a true electrolytic and not a caustic action.

Dr. R. Winslow said his experience was that it did form first a white and then a black eschar.

Dr. T. S. Latimer said he was skeptical regarding the ability of any one to follow, with a needle, the track of a fine hair. He thinks the effect is on the circulation in the immediate neighborhood of the hair follicle.

Dr. G. H. Rohé thinks the experience of dermatologists both here and abroad has clearly demonstrated that one can enter the hair follicle with a needle. He had done it with a needle, the point of which had been purposely broken off. There is no heat produced when a small quantity current is used. He had demonstrated this by holding the needle between his thumb and finger. It is a decomposing effect, as when both poles are placed in water. He believes that in vascular growths a change is brought about by which, although the growth does not immediately disappear, it gradually shrivels up. This may be brought about by an increase in the fibrous tissue. The same treatment has been successfully used in hypertrophic scars, a number of punctures being made in the line of the scar. It has also been successfully used in keloids.

Heart Displaced by Pleuritic Effusion.

Dr. William H. Norris exhibited a patient in whom the heart had been pushed completely over to the right side by effusion in left thoracic cavity, and held in that position by adhesions; the apex beat was below the right nipple. There was flatness over the region of the left lung. The patient, a lad of about nineteen, said the trouble had existed for some four years.

Dr. I. E. Atkinson doubted very much that the fluid had remained in the chest that length of time. The left pleural cavity was now evidently full of blood.

Several gentlemen recognized the patient as one who had been the round of the hospitals and dispensaries, but had always disappeared before any fluid could be drawn off.

Dr. W. T. Councilman read a paper entitled

Further Investigations on Blood in Malaria.

Dr. J. E. Atkinson said it had been his privilege to see some of Dr. Councilman's specimens, and to examine some of his cases. One patient, especially, demonstrated the value of microscopical examination of the blood in suspected cases of malarial poisoning. This man came from a malarious district and had suffered from chills, but there was no increase in the size of his spleen, and his liver was rather smaller than normal. Quinia had no effect to reduce the temperature, and the patient developed a hyperæsthetic condition about one of his shoulders. Examination of his blood failed to demonstrate any malarial organisms. A diagnosis of syphilis was made, the treatment changed to iodide of potash, and within twenty-four hours there was a very marked improvement in the condition of the patient.

NEW YORK COUNTY MEDICAL ASSOCIATION.

Stated meeting, December 20, 1886.
Charles A. Leale, M. D., President.

The Pathology of Scarlatinal Nephritis.

Dr. F. Grauer read a paper with this title, in which he said that the forms of scarlatinal nephritis may be classified according to Friedlander into three varieties, the first being an initial catarrhal nephritis, the second the large flabby hæmorrhagic kidney, and the third acute glomerulo-nephritis, or nephritis post-scarlatinosa. The first variety occurs during the first week, is of short duration, and seldom causes death; the urine contains hyaline and mucous casts, rarely red and white corpuscles, renal, epithelial and granular casts. The second form occurs less frequently than the other two, and its time of invasion is from the first to the fourth week; its course is rapid; it is rarely attended by œdema. It is most likely to occur in the cases of scarlatina with marked angina, and diphtheritic inflammation. The tubules contain various forms of casts, de-

generated epithelium, increase in connective tissue, being a round-celled infiltration mainly about the Malpighian bodies and between the tubules; red blood-corpuscles are present. The kidneys are enlarged and soft, the cortical substance thickened, grayish-red, showing ecchymoses.

Nephritis post-scarlatinosa develops during the third and fourth weeks, œdema making its appearance when the patient seems to be convalescent. The urine is diminished in amount, is of high specific gravity, and contains albumen; also red and white blood corpuscles, renal epithelium, hyaline, blood, and granular casts. Fluid accumulates in the serous cavities; in some cases there is suppression of urine and death. The kidneys are enlarged, hyperæmic, the cortical substance slightly thickened, the glomeruli pale, and more or less enlarged. The tubules are normal; in some there is a slight parenchymatous change, the capillary loops dilated, filled with a mass of nuclei, being those of proliferated endothelial cells; swelling and proliferation of the glomerular epithelium. He thinks it is the proliferation and thickening of the endothelial cells which causes an obstruction to the circulation of blood through the capillaries, and not proliferation of the glomerular epithelium.

Laparotomy in Acute Peritonitis.

Dr. Joseph D. Bryant presented the vermiform appendix, the seat of three perforations, removed by laparotomy from a man about forty years of age, who had the symptoms of intestinal obstruction, severe pain, and great distension. The vermiform appendix was erect, looked like a distended leech, contained three perforations, two the size of a pea, and contained a small mass of soft fæces. It was tied at the base, removed, and the abdominal wound closed, antiseptic precautions being observed as far as possible under the circumstances. The surroundings and conditions were unfavorable, and the patient died.

NEW YORK ACADEMY OF MEDICINE.

Regular meeting, December 16, 1886. Abraham Jacobi, M. D., President, in the chair.

Fermentation, Putrefaction, and Suppuration.

Dr. Herman Knapp read the paper, which he had been led to prepare from the fact that there was a very wide difference of opinion among physicians as to the importance of bacteriology, some claiming that the great majority of all diseases were of bacterial origin, while others claimed the contrary, and that bacteriology was of interest only from a scientific and not from a practical point of view. Dr. Knapp quoted the statistics of mortality of several of the cities of the United States for a recent week, as reported in the *Boston Medical and Surgical Journal*, in which it was stated that the percentage of deaths from infectious diseases was thirty-three; yet this did not include the deaths from consumption, diphtheria, croup, diarrhœal affections, pneumonia, peritonitis, endocarditis, malaria, gonorrhœa, typhoid fever, skin diseases, and surgical affections. After a fair calculation, Dr. Knapp thought we were justified in drawing the conclusion, which at first surprised him, that of the total number of deaths ninety per cent. were from diseases of bacterial origin. The greatest practical advance which had been made in any department of medicine of recent years was to be seen in surgery, due to the introduction of antiseptic methods, or the prevention of suppuration, which he proceeded to show took place only through the agency of germs or bacteria.

Dr. Knapp presented some flasks in which he had repeated the experiments of Schultze, Schwam, and others, demonstrating the manner in which fermentation takes place. If germs were rigidly excluded from a fermentescible substance, fermentation would not occur; fermentation was the decomposition of corro-hydrates by the action of the yeast plant. He further showed that putrefaction is the splitting up of nitrogenous substances into simpler elements through the agency of germs, the germs, however, differing from those at work in the process of fermentation.

The author then proceeded to show that suppuration is also dependent upon the agency of bacteria, the substance acted upon being living nitrogenous matter, while in putrefaction the substance acted upon is dead nitrogenous matter. He asked: Does mere traumatism produce suppuration? Do foreign bodies produce suppuration? Do chemical agents of any nature produce suppuration? To each of these questions he gave a negative reply, based upon experimentation with rabbits. That traumatism would not produce suppuration was proven by operations upon the eyes of rabbits—upon one eye with a perfectly clean instrument, suppuration following in no case; upon the other eye with an infected instrument, suppuration following in every instance. Simple fracture would

never be attended by suppuration unless there was a suppurating point at some other part of the body, the germs being transported through the circulating medium.

To prove that foreign bodies would not cause suppuration, he had left the end of a rusty hair-pin brought to a glow (thus killing all germs) in the eye of a rabbit, and suppuration had not followed; the end of the same hair-pin not brought to a glow produced suppuration.

It was generally claimed, and by the highest authority, that chemical substances will produce suppuration. Dr. Knapp thought this was an erroneous belief due to the great difficulty of experimenting antiseptically with these agents. This was especially true of croton oil, which was extremely irritating in the smallest quantity. Yet he had been able to inject a drop of this substance into the eye of rabbits and not produce suppuration. Signs of irritation within the eye followed, but not suppuration, nor were germs present. In the other eye, however, precautions against the entrance of germs with the oil not being taken, suppuration ensued. The animals were shown.

Dr. Charles Heitzman made some remarks, and said that he had examined the eye of the rabbit into which croton oil had been injected with precautions against the entrance of germs, and while he saw signs of inflammation, he could find neither pus nor germs. Yet it seemed difficult to explain the development in a person otherwise healthy of, for instance, suppurative osteo-myelitis.

Editorial Department.

Periscope.

A Case of Fæcal Accumulation in the Rectum and Colon: Complete Obstruction of Bowels Supervening: Operation: Recovery.

Dr. Price Morris thus writes in the *Brit. Med. Jour.:*

During the month of August, 1877, I was consulted by a young lady, aged 24, who complained of symptoms of indigestion, occasional vomiting, etc., for which I prescribed. Finding, on passing her home about a week afterwards, that she was no better, I asked her to undress herself, so that I might properly examine her. To my great astonishment, I found that she had large, nodulated, firm, painless, movable tumors, occupying the lower part (and chiefly the left side) of the abdominal cavity. There was no gastric tenderness, menstruation had been regular, the bowels were being moved—in fact, there existed a kind of spurious diarrhœa. I considered it advisable at once to examine the rectum, when I found that this was tremendously distended, and packed full of dry, nodulated, earthy, fæcal matter, the anus being in a continual state of patency, due to the paralysis of the sphincter by mechanical distension. So much was the rectum distended, that a child at full period could easily have passed through it. Before going any further, I had better state that this individual, when a child, was in the Denbigh Infirmary, under the care, I believe, of Dr. Turnour, for accumulation in the bowels.

Getting the patient on the edge of the bed, covered with a sheet of oil-cloth, and using plenty of soaped warm water, I diligently dug away at this mass with my finger (which I think better and safer than a spoon) for a considerable length of time, finding that the mass was gradually descending as it was being removed below. Suffice it to say, that in this way the whole masses in the colon and rectum were cleared.

I cautioned the patient now about taking occasional aperients, and an enema to prevent a recurrence; but this she failed to do, so that after losing sight of her for about eighteen months, I was called to her again.

This time I found her just in the same state, applied the same treatment, but not with the same result, inasmuch as a mass was left in the sigmoid flexure of the colon, which would not descend into the pelvis. This could be felt by introducing a long tube, against which the point would impinge, but which would give way under a little pressure. Injections were of no avail, coming out as administered, owing to the compactness of the mass. After this attempt to clean the bowels, symptoms of complete obstruction supervened, as evidenced by her vomiting every meal she took, as well as a total stoppage of any fæcal discharge from the bowels.

These symptoms were not accompanied by any greater distension or tenderness of the abdomen, neither was there any additional

pain; and in spite of the administration of various kinds of purgatives and medicines, as well as enemas, they continued persistently for several weeks. The patient, in the meantime, was getting rapidly emaciated, so much so that, before long, death from starvation must take place.

At this critical period her parents asked me one day if I would have any objection for her to see a very eminent provincial surgeon, which, of course, I gladly consented to. I wrote a full history of the case for her to take with her, which the above gentleman kindly acknowledged, with the remark that it was a very extraordinary case, and that he had not made up his mind what to do. In a few days more I received another communication, stating that, upon further examination, he found that the case was beyond the reach of surgery, and recommending a trial of large doses of aloes. The patient returned home, and tried the above doses for a fortnight, but each dose came back.

Whilst she was away, an idea on one occasion suggested itself to my mind of doing something for her. The idea was to introduce my hand into the gut, and to push it up as far as possible, with the intention of getting at and removing the obstruction. After apprising her and her parents of this —stating that, if it was not successful, she would be left in the same state as at present —I operated, with the assistance of my old master, Dr. Davies, of Llanfair Talhaiarn, and Dr. Roberts. My intention was to dilate the anus; but, finding this impracticable, under chloroform, I divided the whole structures back to the coccyx. Now I could easily pass my hand; and Dr. Roberts passed a long tube in by my wrist, through which warm soaped water was injected. At the top of the pelvis I came across the big mass which I had so often felt and vainly attempted to remove, but now I could easily crush it. The arm was now withdrawn, when the whole was expelled. After reintroducing the arm, I found that the colon was in a very abnormal condition, because, instead of there being an ascending, transverse, and descending colon, it was one tremendously distended chamber, and with my whole arm introduced up to the axilla, I could, on account of her great emaciation, investigate and manipulate every part of the abdominal cavity, with the other hand externally. Strange to say, in the neighborhood of the right iliac fossa I found an opening of an oval shape, large enough to allow the passage of a good-sized plum (an inch and a half long), with a well-defined margin. This was plugged with a lump of hard fæcal matter, which was removed and crushed in the large amount of water which had by this time been injected. Every part was now thoroughly examined; and, after satisfying myself that there could be nothing more, the arm was withdrawn. Sutures were carefully inserted, a soft elastic catheter placed in the bladder, and by-and-by a large dose of opium given. Vomiting occurred next day, due, no doubt, to chloroform; after which she went on for a fortnight, fed upon liquid nourishment, without any vomiting. At the end of this time, I detected a doughy kind of swelling in the left iliac fossa, which, I thought, must be the result of what she had been eating; and in a few days more, upon removing the sutures and catheter from the bladder, fæcal matter was found in the rectum, which was all easily removed by an enema.

After this, she got up, gradually resumed her ordinary diet, and I took care to watch her carefully for some time, with the satisfaction to find that the bowels gradually resumed their normal functions without the use of aperients or enemas; the bowel, no doubt, as time went on, in spite of its extraordinary distension, resuming its tone and contractile power; whilst the inestimable advantage of a sphincter capable of discharging its functions has been regained. In this way the patient has kept for over seven years. Lastly, what the above opening was, unless it was the ileo-cæcal valve, I am at a loss to know.

A Case of Supposed Fracture of Neck of Scapula.

Dr. G. Y. Eales thus writes in the *Lancet:*

Last September R. B., aged fifteen, a spare, delicate-looking lad, came to me with an injury to the left shoulder. He was playing with several boys, butting at each other with folded arms, when he was knocked over and fell on his left shoulder. On examination I found the following points of observation:

1. Considerable bruising of the deltoid.
2. The acromion process prominent, with depression underneath, and outer third of the deltoid flattened.
3. Arm lengthened about an inch and a half, and drawn away slightly from the side.
4. A rough object high up in the axilla in the neighborhood of the neck of the scapula.
5. Humerus rotated freely and smoothly, and with but little pain.
6. A round projection in front and below the shoulder, which proved to be the head of the humerus on rotating that bone.
7. On raising this projection upwards,

outwards, and backwards, crepitus was produced; the contour of the shoulder was restored, with disappearance of the deformity.

8. Slight increase of vertical measurement around the joint.

9. Great freedom of passive motion, with but little pain.

Owing to the bruising, I was unable to manipulate the coracoid process; I therefore put the arm up with a pad in the axilla, with the elbow raised and bandaged to the chest. Five days afterwards, the bruising and swelling having partially subsided, I took off the bandages and found the same condition of things as when I first saw him, but much more plainly. On raising the head of the humerus all the symptoms disappeared, accompanied by loud bony crepitus audible to the bystander; and on removing the reduction force all the above-named symptoms again appeared. I was struck with the ease and comparative absence of pain with which the fracture could be reduced, also the readiness with which it became displaced on removing the reduction force. The rough object in the axilla was now more distinct, and disappeared on reducing the fracture, and was apparently the scapular neck. I now noticed also that the coracoid process did not appear to move on reducing the fracture.

Remarks.—The noteworthy features of the case were—

1. The ease with which the fracture could be reduced, together with the ensuing deformity on removing the reduction force.

2. The great freedom of passive motion.

3. The striking resemblance to dislocation into the axilla.

With regard to this latter, the lengthening of the arm, the freedom of passive motion, and the easy reduction of the deformity in the way I have mentioned were sufficient to exclude simple dislocation into the axilla. The other lesions which this injury simulates appear to be—

1. Dislocation of the humerus into the axilla, with fracture of its neck.

2. Separation of the epiphysis of the humerus.

3. Dislocation of the humerus into the axilla, with fracture of a portion of the glenoid cavity of the scapula.

The lengthening of the arm and the movement of the head of the humerus on rotation are against the first two. Holmes, in his "System of Surgery," states that it is the opinion of most modern writers on surgery that a simple fracture of the anatomical neck of the scapula never occurs, and that Malgaigne has shown that the symptoms of the supposed lesion are identical with those of dislocation of the humerus into the axilla, with fracture of a portion of the glenoid cavity of the scapula. In another place Holmes admits that the two lesions are indistinguishable during life. I hardly dare to express an opinion in the face of such high authority; but why should not a simple fracture of the anatomical neck of the scapula occur as readily as the more complicated injury?—because the force to produce either must be of the same nature and very considerable. It appears to me that the symptoms of this case are so analogous to those quoted by Dr. Lotzbeck, of Munich, and that recorded by Spence, and bearing in mind the fact of the coracoid process being apparently stationary, that I feel justified in saying that in all probability this was a case of fracture through the anatomical neck of the scapula.

The lad having passed from my care and observation for treatment by another surgeon, I am unable to give any details of the progress of the case, but I afterwards ascertained that he eventually gained very good use of the arm.

The Oculist, the Optician, and the Public.

Drs. L. Webster Fox and George M. Gould, of Philadelphia, thus write in the *Philadelphia Medical Times* for December 25, 1886:

It has in all civilized countries been found not only conducive to the public good, but also necessary to the public welfare, to limit the traffic in drugs to such persons as have pursued a special course of study, fitting them to dispense the materia medica intelligently, and who are in other respects qualified to deal wisely in matters which are of so highly important and delicate a character.

It is our conviction that the business of supplying the community with spectacles is, in its way, and to a degree, a function of as profound importance to the community at large; that at present this office is shamelessly prostituted to money-making; and that similar legal restrictions should be set about it as have been found beneficial in the case of drug-selling. Our contention is that the optician should be placed on precisely the same legal standing as the druggist; that is, he should by education, both general and technical, and by the restriction of his duty to his legitimate function, be placed before the community with a guarantee by the proper authority that he is qualified to do

what he pretends to do, and that he shall not pretend to do what is wholly beyond and outside his province.

Just as the druggist *quâ* druggist is not a physician, so should the optician not pretend by his practice to be an oculist. If the professions of medicine and pharmacy are distinct, it is beyond all cavil that the profession of ophthalmology is quite as different from that of manufacturing and selling optical instruments.

We speak thus strongly because the reason for the faith that is in us is derived from the memory of a long series of cases where irreparable injury and years of suffering have been the result of the common foolish habit of sufferers from eye troubles relying on the optician—respectable or quack—to do the work they should have been legally protected from seeking or getting, or, yet more correctly, from being deceived in the getting.

We had intended citing a number of our own cases in detail, but are warned that our limited space forbids, and we must with regret omit them. We cannot leave the subject, however, without referring to a recent case. It was that of a lady past 55, who relied on the optician to fit her with "old age" spectacles. Her dimness of vision, however, was only temporarily benefited by the spectacles, and they were soon changed by the obliging dealer. But there was before long a dimness of vision, and again a change. Finally, after many changes—we forget how many—and when the precious time of possible relief had been wasted, the patient came under observation with a typical glaucoma chronica, wholly beyond cure. No astigmatic correction had been added to the presbyopic glasses; and, if not absolutely induced, it is far more than probable that the glaucoma had been increased and its progress hastened by the irritation resulting from the glasses. At least, and this is the most important, the patient's reliance on the optician cost her the terrible penalty. Had the law directed her to a physician, as it does in other forms of illness, no such result would have taken place. No optician ever thinks for a moment of any but refractive errors, and, of course, not of the remote bearings of a supposed correction of these. Indeed, it may be added that perhaps many oculists are far from properly appreciating the persistently intimate co-relations of the errors of refraction (with their correction) and general ocular and cerebral disorders. So that it is no exaggeration to say that in writing a prescription for glasses, the judgment must be guided by a multitude of considerations that only the physician plus the ophthalmologist can for a moment be supposed to consider and estimate aright. How far soever from perfection the oculist may be critically adjudged, there can be no question that the peddler, the jeweler, and often the optician, are yet farther from it, and that some legal process of culling and gleaning in this field would be a great benefit to the community.

Puerperal Eclampsia Treated with Pilocarpine.

Dr. T. Coke Squance thus writes in the *Lancet:*

Early on the morning of Septemper 8 I was called to attend Mrs. L——, aged twenty-two, in her first confinement, her ordinary medical attendant being from home. I was informed that the "pains were slow," that she had been very sick, and complained of severe "pain in the head." On examination, I found the os well dilated, head presenting, and membranes (which were very tough) unruptured. I ruptured the membranes and applied a binder, but after waiting for some time the pains became very feeble, and the patient showed such signs of exhaustion that I proceeded to deliver her with the forceps, subsequently removing the placenta, which was partially adherent. There was no hemorrhage worth speaking of, and half an hour after the patient expressed herself as "feeling well." Her pulse when I left her was 72. Later on, I received a message to the effect that she was "going from one fit into another." On my arrival I found her quite unconscious, face flushed, pupils widely dilated, skin harsh and dry, abdomen tympanitic, bladder empty, feet œdematous, pulse 120 and full, and temperature 100°. Her friends informed me that she had had about a dozen exceedingly severe fits, during some of which they thought she was dead. During the "fits" she had passed fæces and urine. As an attack was evidently just commencing, I gave her a hypodermic injection of pilocarpine (¼ grain). The head was then being turned from side to side, the eyelids and eyeballs were moving rapidly, the mouth was drawn up towards the right ear, and the head turned towards the right shoulder, the countenance being of a livid hue. The fingers and thumbs were then flexed on the hands, the latter being strongly flexed on the arms, which were also somewhat flexed; the trunk and legs became rigid. The left leg was raised from the bed, and remained extended for fifteen seconds. There was a peculiar hissing sound on res-

piration, with convulsive movements of the larynx, the face becoming blue-black in color, and the patient seemingly on the verge of suffocation. The rigidity, which lasted for fifteen seconds, was followed by clonic convulsions, the face was frightfully distorted, and large quantities of frothy foam, slightly tinged with blood, came from the mouth. Respiration became restored and the convulsion ceased, with the exception of a little twitching, at the end of three minutes, by which time the patient was in a profuse perspiration. The attendant told me that this attack was barely half the duration of the previous ones. There was no further seizure until shortly before I saw her the next morning, when there was a slight attack. I repeated the pilocarpine then and once subsequently, and no further seizures occurred. She remained unconscious for three days, during which time urine was passed in large quantities. There was an abundant secretion of milk. When I terminated my attendance at the end of a week, her own medical attendant having returned home, she was making most favorable progress. In addition to the pilocarpine, I ordered her a mixture containing chloral hydrate and bromide of potassium, and pessaries of eucalyptus and perchloride of mercury per vaginam.

On Some Forms of Albuminuria Not Dangerous to Life.

The gravity of albuminuria, as a symptom, has been differently estimated at different times, but gradually it has come, in recent years, to be known that albumen often appears in the urine, even in considerable quantity and very persistently, in persons free from important organic malady. Indeed, it may be maintained that some patients with persistent albuminuria are yet eligible to life insurance at little, if at all, above ordinary rates.

It is, therefore, important to know the characteristic features of these non-dangerous albuminurias.

Dr. Grainger Stewart, in the January issue of *The American Journal of Medical Sciences*, studies the following varieties:

1. Paroxysmal albuminuria.
2. Dietetic albuminuria.
3. Albuminuria from muscular exertion; and,
4. Simple persistent albuminuria; and illustrates each with reports of cases which are markedly characteristic.

The diagnostic features of paroxysmal albuminuria are the sudden and copious occurrence of albumen in the urine with numerous casts, the process lasting only a short time and occurring at intervals with or without a perceptible exciting cause. The exciting cause, according to Dr. Stewart, is irritation of the kidneys from blood-changes. The treatment should be directed, on the one hand, to the avoidance or diminution of renal irritation; and, on the other, to the regulation of the hepatic function, and of the chemical processes in the body. Happily, the attacks are usually of brief duration, and he has never known them prove permanently injurious.

Dietetic albuminuria is a variety which has long been more or less distinctly recognized. Some people suffer from it whenever they indulge in certain articles of diet. In some cases one kind of food, in others many, require to be proscribed; cheese, pastry, and eggs are among the more common offenders. Of this group our present knowledge does not suffice to afford a satisfactory explanation.

Those cases of *albuminuria following upon muscular exertion* Dr. Stewart is disposed to attribute to a general change in vascular activity. The prnicipal indications for their treatment are met by rest, judicious diet, and attention to the general health. Those remedies which act upon the muscular fibres of the vessels deserve trial.

The features of *simple persistent albuminuria* are the constant presence of albumen, usually in small quantity, unattended by tube-casts, diminution of urea, by increased muscular tension, cardiac hypertrophy, or other consequence of renal malady, persisting for a period of months or years, and little influenced by diet or exercise.

Dr. Stewart concludes his study with a consideration of the prognosis of these groups.

Intra-peritoneal Hemorrhage in a Newly-born Infant.

Before a recent meeting of an English medical society, Dr. Keser read notes of a case of intra-peritoneal hemorrhage in a newly-born infant of the male sex. The child was born at full term on April 29, and the labor was normal. The child was in a state of apparent asphyxia, but respiration was easily established. There was slight subconjunctival hemorrhage on the right side. On May 1 swelling of the scrotum was observed, and the penis was œdematous. On May 4 the scrotum was much more swollen. The temperature in the rectum

was 98°. The abdomen became swollen, and the lips were pale. The cord separated on that day without hemorrhage. The child died on the ninth day. There was an ecchymosis in the middle of the back. Melæna or hæmatemesis was not observed. The spleen was enlarged, and measured 9 cm. in length, 5 cm. in breadth, and 2 cm. in thickness. The upper half was swollen and congested, and very dark from hemorrhage, which seemed to have come from a lesion that looked like an infarct. According to Birch-Hirschfeld, the size of the spleen in a child eight days old was 4 cm. by 3 cm. The peritoneal cavity was full of dark fluid blood, the amount escaping being about eight ounces. The splenic artery appeared to be normal, as well as the other branches of the aorta. There was no hemorrhage or infarct in any other organs. The mother had had eight pregnancies. The first child died at the age of eighteen days, but the cause of death was unknown. After this child five still-births occurred. The seventh child was born at full term, was nursed by the mother, and remained well until the end of the fourth week, when epistaxis set in, followed by hæmatemesis and melæna; large ecchymoses appeared on the trunk and limbs, and death ensued after a week's illness. The mother had no tendency to metrorrhagia or to any other form of hemorrhage. There was no hæmophilic history so far as could be obtained. Spontaneous rupture, as probably occurred in the case recorded, was very rare. Ritter, who collected 132 cases of hemorrhage in new-born children, had never observed it. Grandidier had observed intra-peritoneal hemorrhage, but the source of the blood was not discovered. Steffen found a rent in the convex surface of a soft spleen in one case of intra-peritoneal hemorrhage. Billard found at the necropsy of a child six days old a large quantity of blood in the stomach and intestine, and an enlargement of the spleen, which was ruptured; there was but a tablespoonful of blood in the peritoneal cavity. Dr. Keser could not detect the source of embolism, but believed that there was an infarct in the spleen as the result of arterial obstruction. Dr. J. H. Morgan related a case of icterus neonatorum attended with severe hemorrhages, and due to congenital obliteration of bile ducts.

Gastric Ulcer.

Before the Clinical Society of London, Dr. Montagu Murray read a paper on a case of gastric ulcer with unusual complications. An anæmic girl, aged twenty-three, was admitted on February 15 with indefinite gastric symptoms. On the 16th, the temperature rose suddenly to 103.6° F., a sharp pain was experienced in the left side, and a pleuritic rub could be heard. On the 17th, the abdomen was found to be tender and swollen. During the 17th and 18th there was severe vomiting. Hæmatemesis began on the 19th. At first the blood was bright red, and the amount ten ounces, but subsequently the quantities were smaller and the color much darker. Patient rapidly became weaker, and died on the 22d. Vomiting ceased four hours before death. At the post-mortem, acute left pleurisy and acute peritonitis were found. On opening the stomach, a small ulcer was seen at the cardiac end; its outline was roughly circular, its diameter an inch, its wall thickened and precipitous, and its floor composed of peritoneum, perforated in the centre by an aperture one-eighth of an inch in diameter. Three questions were discussed:

1. The age of the ulcer.
2. The time of the perforation.
3. The connection between the ulcer and the inflammation of the serous membranes.

1. It was argued that while the symptoms on admission did not clearly point to ulceration, yet when considered with the subsequent history and the post-mortem appearances, it was clear that the ulcer must have been present at that time. The immediate cause of the hæmatemesis was probably the straining during the severe vomiting which preceded it.

2. That perforation was a cause of the pleurisy and the peritonitis, was rejected on the ground that the hæmatemesis did not begin until after the onset of the three complications; that the vomiting did not cease until four hours before death; and that there was no evidence of extravasation from, or of inflammation in the neighborhood of, the perforation, which was believed to have coincided with the cessation of vomiting.

3. The connection of the ulcer with the pleurisy and peritonitis was rendered probable because of the existence of communicating lymphatics; the occurrence of left pleurisy with an ulcer at the cardiac end; the rarity of the two conditions occurring simultaneously; and the absence of any other discoverable cause.

Dr. Mitchell Bruce said that cases of perforation and peritonitis were of great interest, not only to the physician, but also the surgeon. In Dr. Murray's case it seemed clear that peritonitis preceded perforation.

A Case of Transverse Fracture of the Scapula Below the Spine.

Dr. G. E. Dobson thus writes in the *Lancet:*

Bombardier G. J——, Royal Horse Artillery, was admitted to hospital suffering from pain in the right scapular region, increased by motion of any kind, and especially so by motion of the right arm outwards and forwards. While engaged in assisting to move a heavy iron target he slipped and fell, and was immediately conscious of a sharp pain in the back of the right shoulder-blade, so much increased when he attempted to move the right arm that he was unable to continue to perform his duties. He was quite sure that the target had not fallen on him; while helping to carry it he had slipped on some round stones, and he believed that the weight of the target on his arm when he tried to prevent himself from falling had caused something to give way behind his shoulder.

On examination, there was not the slightest sign of a contusion, or of any external violence. The form of the right shoulder and scapular region did not differ from that of the corresponding parts on the opposite side. The patient was able to place (though with pain) the fingers of the right hand on the left shoulder. On moving the right arm outward from the side, loud crepitus could be heard in the right scapula, and this, with the aid of a stethoscope, could be easily localized to the infra-spinous fossa. The case was diagnosed as a transverse fracture of the body of the scapula below the spine.

The right arm was supported in a sling and fixed by a bandage to the side of the body. A piece of gutta-percha, softened in warm water, was closely applied to, and accurately moulded over, the scapula and shoulder, and maintained in position by a bandage. Fourteen days afterwards the bandages and gutta-percha were removed, when some slight crepitus could still be detected with the aid of a stethoscope. The gutta-percha and bandages were replaced and allowed to remain for ten days, at the expiration of which period the crepitus was found to have altogether ceased; the patient had full use of the limb without pain, and he was discharged to duty.

The injury in question was evidently occasioned by muscular force. The patient slipped when engaged in sustaining a heavy weight, and in trying to make good his foothold and also sustain the weight the latissimus dorsi muscle was brought suddenly into violent action, when the inferior angle of the scapula, across which it extends, was also forcibly moved outwards and backwards against the tense body of the muscle, and, the upper part of the bone being fixed, fracture took place at a point between the opposing forces.

Partially Consolidated Aneurism of the Aorta.

Before the Medical Society of London, October 25, 1886, Dr. Theodore Williams exhibited a case of partially consolidated aneurism of the transverse portion of the arch of the aorta. The patient, a man (who was shown), aged forty-two, a waiter, with a history of rheumatic fever, had complained for one year of pain in the chest, cough, and more recently of short breath and slight dysphagia. He was admitted into the Brompton Hospital in July, 1885, and the diagnosis was aneurism of the transverse portion of the aortic arch pointing in front, pulsation being visible in the upper three intercostal spaces on the left side. Under treatment by rest and iodide of potassium, the patient greatly improved; the dysphagia ceased, and the pulsation became less visible, but irregularity of the size of the pupils was noted before he left the hospital, which he did four months later. He resumed his occupation to a limited extent, but, being attacked with fainting fits, was readmitted in October, 1886, with stridulous breathing, dysphagia, and some dyspnœa, unequal pulses and pupils, the left pupil being widely dilated. Dr. Williams found the aneurism still tolerably solid in front; it had extended backwards, and involved the recurrent laryngeal nerve, giving rise to fixation of the left vocal cord and great stridor of breath. There was also evidence that the trachea was pressed on. The points of interest in the case were—

1. The rapid consolidation of the sac in front, and the cessation of the dysphagia during the patient's residence in hospital.

2. The stability of the clot, even under the unfavorable circumstances of his occupation.

3. The rapid extension of the aneurism posteriorly at a later date.

Dr. Symes Thompson referred to treatment other than iodide of potassium; complete rest in the recumbent posture, and very low diet.

Dr. A. Money asked what the position of the vocal cord was.

Mr. James Black inquired for the presence of cough in this case.

The President referred to the works of

Tufnell, who advocated measures calculated to give the body the most complete rest.

Dr. Williams, in reply, said that the left vocal cord was in the cadaveric position. The patient had a cough of laryngeal quality.

A Case of Hernia into the Umbilical Cord.

Mr. J. Frail Harries reports this case in the *Lancet*, October 23:

In the afternoon of August 25th Mr. Harries was summoned to the Labor ward to see a child just born, who, the nurse said, had a swelling at the umbilicus. The child was a healthy-looking boy who, with the exception of the rare congenital malformation described, was in every respect well developed, and weighed 7¼ pounds. A hernial protrusion into the umbilical cord was found, about the size of a hen's egg. Upon examination Mr. Harries concluded that he had to deal with a partially reducible enterocele, with a sac the neck of which was formed by the skin and the fundus by the coverings of the cord, and with the umbilical vessels spread out over the right side of it. In the absence of the visiting physician, Dr. Hope, he decided upon the following operation. Mindful of the inevitable results of separation of the cord and the exposure of the enclosed intestines, the child having been anæsthetized with chloroform, the sac was opened. The contents of the sac were both large and small intestine, of which five inches of the latter were adherent to the interior of the sac. The bowel beyond, being slightly congested, was quite healthy, and was dissected off without any great difficulty. What he believes to have been the vermiform appendix was so intimately fused with the tissues of the cord as to render dissecting it off impossible; it was therefore ligatured with fine carbolized catgut, and divided close to the sac. After slightly enlarging the hernial opening, the whole contents of the sac were returned into the abdominal cavity. The opening was then closed with a double ligature of thick catgut, in exactly the same way as a nævus is strangulated by Liston's method. The cord with the sac was then cut off about half an inch from the umbilicus. The operation was performed with every antiseptic precaution, and the wound dressed with corrosive sublimate gauze.

During the next fourteen days the wound was dressed twice, and each looked quite healthy; at the end of that time the small remaining portion of the cord separated, and the ligature was removed, the opening being firmly closed. After the operation the bowels acted naturally, and the child took its nourishment freely, some slight sickness being the only trouble. During a rapid convalescence no symptoms of importance were manifested.

Reviews and Book Notices.

BOOK NOTICES.

Transactions of the Medical Association for the State of Missouri for 1886. Pp. 118.

Transactions of the Medico-Chirurgical Faculty of Maryland for 1886. Pp. 254.

Transactions of the Medical Association of Georgia for 1886. Pp. 376.

Transactions of the State Medical Society of Wisconsin for 1886. Pp. 254.

Annual Report of the State Board of Health of New York for 1886. Pp. 579.

This seemly pile of annual reports from active medical bodies in different parts of our Union speaks in self-evident terms of the activity of the American profession. Our space does not allow us to do these volumes justice. Every one of them bears abundant proof of careful observation, carefully put forward; of intelligent and extensive reading; and of a true desire on the side of writers to impart the knowledge obtained by laborious work to others in the same field, and thus to make it the common heritage of the profession.

When such an enlightened spirit pervades the practitioners of any art it cannot but make rapid progress; and these volumes are therefore doubly cheering to the student of medicine, first, by reason of their contents, and next, and not less important, as witnessing to the liberal spirit which pervades all departments of the American profession.

A Manual of the Diseases of the Skin. Fourth edition. J. & A. Churchill, London. Pp. 194.

This small work is a convenient sort of pocket edition of the larger volume of the same author, and is calculated to be serviceable as a reminder for those who wish to refresh their memory on the leading points of this specialty.

—A correspondent writes us that he was attending an Irishman recently, and asked his wife if her husband had any movement of the bowels. "Oh, yes," she said, "he had a 'change of inside' yesterday."

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SCLEROSIS OF THE COLUMNS OF GOLL.

The columns of Goll (median posterior columns) constitute two triangular columns lying next to the posterior median fissure of the spinal cord. These tracts were described by Cruveilhier, and later still by Goll, as a continuation of the posterior pyramids of the medulla oblongata. They are in fact composed of bundles of nerve fibres quite distinct from the posterior columns so-called, both by their course and mode of development. While the columns of Burdach (the posterior columns properly so called) establish commissural connections between regions of the cord that are contiguous, these posterior median tracts connect portions of the cord that are remote (bulbar and medullary centres); and secondary degeneration of these tracts, when occurring simultaneously with that of other portions of the posterior columns, is propagated much farther upward, and may involve the entire continuity of these tracts.

With regard to their mode of development, the posterior median columns have been shown to have a somewhat later development than the columns of Burdach.

There have thus far been but few observations of systematic leucomyelitis of the median posterior columns. In the description which follows we shall take our data from Vulpian's admirable work recently published.*

One of the first observations was reported by Pierret, in 1873. It concerned a woman sixty years of age at the time of her death. This patient had experienced the first symptoms of an affection of the spinal cord fifteen years before. These consisted in numbness and formications in the hands and feet, principally in the superior extremities, and these phenomena were accompanied by deep, severe pains and sensations of heat. The patient also suffered from pains in the loins and constriction of the thorax. There were added still later anæsthesia of the soles of the feet, and walking became difficult; the patient had attacks of vertigo. Amelioration followed applications of the actual cautery to the lumbo-dorsal region, but the numbness of the extremities persisted.

The symptoms becoming worse the patient was admitted to the Salpetrière. At this period the patient could walk only with the help of a crutch, and she hopped rather than walked; the feet detached themselves with difficulty from the ground, and there seemed to be sometimes propulsion, sometimes retropulsion, sometimes *left latero-pulsion* in her

*Maladies du Syst. Nerveux, t. ii., 1886.

movements. With the eyes shut she could stand erect, but when she attempted to walk she would stagger and fall. Any attempt at walking was followed by speedy fatigue and intolerable pain in the legs.

In January, 1866, girdling pains were for the first time noticed in the lower part of the trunk, and a little later pains of a similar character in the anterior part of the thighs. Cutaneous sensibility was weakened throughout the whole extent of the inferior members, but the reflexes seemed normal.

Death took place in 1870 by pneumonia. The autopsy disclosed as the only lesion in the nervous centres, sclerosis of the median parts of the posterior columns of the spinal cord. With regard to the symptoms of this case, Vulpian remarks that only the tendency to propulsion or retropulsion can be considered as foreign to the symptomatic aggregate by which ordinarily progressive locomotor ataxia is known. As this tendency is exceptionally observed in cases of tabes dorsalis, Vulpian is inclined to refer it to some encephalic complication, of which it might have been the expression. Certainly none of the symptoms above described can be ascribed absolutely to any loss of function entailed by destruction of the columns of Goll. It is a fact that lesion of the median posterior columns so commonly observed in the upper parts of the cord when the tabetic sclerosis occupies the dorso-lumbar and inferior dorsal region of the posterior columns does not reveal itself by any particular characteristic troubles in the superior members. Vulpian has observed instances of sclerosis of Goll's columns in the cervical region in cases of diffuse peri-encephalitis, without any motor or sensory disturbances of medullary origin.

In a case reported in 1874 by Du Castel of primitive sclerosis of the columns of Goll, in which these columns were affected throughout their whole extent, the symptoms observed during life were incomplete paraplegia, with trembling of the head and of the superior members, but without lightning pains and anæsthesia.

In another case reported more recently (*Progrès Medical*, 1884,) by Camuset, the leading symptoms were paresis of the lower limbs, some enfeeblement of the mental faculties, delirium of grandeur, and an attack of acute mania just before death; there were no symptoms of ataxia. The autopsy disclosed, besides a marked sclerosis of the columns of Goll confined to these tracts in the cervical region, and invading a small portion of the posterior columns lower down, the lesions of chronic cerebral meningitis. The symptoms noticed in this case seemed referable chiefly to these latter lesions. Vulpian concludes an interesting chapter by the remark that thus far clinical observations leave the functions of the columns of Goll enveloped in profound obscurity. Certainly lesions of these tracts do not manifest themselves by any particular morbid phenomena.

"I have," he says, "undertaken on several occasions to study this question by means of physiological experimentation. I have endeavored to cut transversely, or to destroy at a certain point by attrition, the posterior median columns in chloralized dogs. But always when the experimental lesions have affected only the part of the posterior columns bounding on each side the posterior median fissure, I have not been able, in dogs subjected to these vivisections, to note any special symptom apart from the ordinary effects of prickings, or incisions, or lacerations of the posterior columns. Moreover, it is very difficult to destroy entirely and singly this internal part of the posterior columns, so that I have never succeeded in obtaining any significant results. Despite all that may be conceded to observations already published, I believe that if we are ever to know the symptoms peculiar to alterations of the median posterior columns, we must look to clinical medicine for such light, and not to experimental physiology."

SOMETHING MORE ABOUT COCAINE.

Dr. Witzel is one of the most experienced dentists in Germany. That the reader may know how much credit to give to any statement of W., we will mention that he is not only an M. D., but an author, who in Germany is looked upon as the representative of scientific dentistry.

W. recommends the subgingival injection of muriate of cocaine for the painless extraction of teeth. About nine minutes after the injection into the gums of seven drops of a 20 per cent. solution—we see that the dentists in Europe are no longer satisfied with a 2 or 4 per cent. solution—an increase in the action of the heart is suddenly noticed. Then is the time to extract the tooth. The patient is said to feel the application of the forceps, and also the pulling of the tooth, but to show by no exclamation of any kind that the operation is at all painful to him.

W. made some interesting observations which fully coincided with Claude Bernard's researches. The latter, as well known, demonstrated by his experiments that cocaine in

its action on the cerebral circulation was exactly the antagonist of nitrite of amyl. Under the effect of amyl, the cerebral arteries contract, anæmia of the brain develops, the arterial pressure is increased, and the face looks pale. Cocaine causes a dilatation of the vessels of the heart, hyperæmia with diminished arterial pressure sets in in the encephalon, and the face appears flushed and in a general state of venous congestion.

To at once end the anæsthetic condition produced by cocaine, the inhalation of a few drops of nitrite of amyl is the best remedy. In this connection it may be well to remind dentists who may be desirous of employing subgingival injections of twenty per cent. solutions of cocaine that the remedy, at least in this strength, is not without its danger. Dr. Knabe, of Berlin, records the case of a girl, aged eleven, who, after a severe attack of scarlatina, suffered from fatty degeneration of the heart. In her case, the hypodermic injection of cocaine was recommended as a tonic to remedy the frequent fainting fits to which she was subject. Certainly the physician advising such a procedure could have had no idea of the morbid condition underlying these attacks of syncope, nor must he have possessed any knowledge of the physiological action of cocaine. Four or twelve drops—they were never able to discover the exact dose—of a four per cent. solution of cocaine were injected under the skin over the deltoid muscle of the left arm. Scarcely forty seconds later the girl took a deep breath, became deadly pale in the face, and dropped down unconscious. She never recovered consciousness, death ensuing a minute later. In this case nitrite of amyl would have been the remedy indicated.

As not all dentists are graduated physicians, they had better be careful in the administration of such strong solutions of muriate of cocaine. Nitrous oxide gas answers all their purposes, and brings less danger than any other anæsthetic.

Notes and Comments.

A Pathognomonic Sign of Cancer of the Stomach.

A patient was shown at a recent meeting of the Société Médicale des Hôpitaux who exemplifies the condition said by German writers to be characteristic of cancer of the stomach, a condition found by M. Debove to be constant in such cases, and which he proposes as a pathognomonic sign of the disease. In malignant disease of the stomach it will be found that hydrochloric acid is always wanting, whereas it lasts constantly during digestion in every other case. In M. Debove's patient this absence of hydrochloric acid enabled a diagnosis to be made at a period when there was no other symptom of cancer, and the disease was looked upon as dyspepsia, an opinion shared by M. Debove himself until he had ascertained the composition of the gastric juice. Since the beginning of the year the man has been under observation, and the real nature of his disease, now constituted by a characteristic tumor the size of an egg, is no longer doubtful. In reply to questions M. Debove said that he obtained the liquid for examination by means of the œsophageal tube, and that the tests used for distinguishing the acids were those recommended by the Germans. A solution of gentian violet (1 to 5000) gives a blue coloration with HCl. "L'orange Poirier" in saturated solution gives a red reaction with the same acid. Lactic acid is recognized by the increased yellowing of perchloride of iron, and by change in color of a mixture of perchloride of iron and carbolic acid, from amethyst blue to yellow.

Pelletierine in Infantile Disorders.

M. F. Méplain, bearing in mind the difficulty of giving children vermifuge medicine in sufficient doses, and the fact that Dr. Bétancés had administered six centigrammes of pelletierine, which had expelled a tænia, resolved to try this remedy on an infant thirty-two months old, which was suffering from convulsions. M. Béranger Féraud and other writers recommend that pelletierine should not be given to children, on account of the symptoms of congestion of the brain which it occasionally causes in adults. Be that as it may, M. F. Méplain administered to his little patient a large teaspoonful of solution of Tanret's pelletierine, which represents about six centigrammes of the alkaloid; twenty minutes later, twenty grammes of manna, dissolved in a cup of milk, were given. The expulsion was tardy, owing to the insufficiency of the purgatives used, but was, nevertheless, complete. M. F. Méplain, who remained several hours with the patient, observed no alarming symptom. From the observations of MM. Bétancés and F. Méplain, it appears, therefore, that whilst a small dose of pelletierine is sufficient to expel the tænia, the use of the drug is, in the case of children, unattended with the risks which might have been expected from its

physiological action and from the effects observed in adults.

A New "Cure for Cancer."

Dr. Velloso lays claim to having cured several cases of epithelioma of the face and lips with the juice of alvelos (says the *Brit. Med. Jour.*), a plant which belongs to the family of Euphorbiaceæ. It acted as an irritant, and destroyed the diseased tissue, which was quickly replaced by healthy granulations. Of the three different kinds of alvelos (male, female, and wild), the second is considered the most efficacious. It is found at Pernambuco, and although the natives have employed the juice for some time, it has not come into extensive use on account of the severe pain which it causes. The best results were obtained with the juice in a concentrated solid form, and with the addition of vaseline or lanoline. This preparation should be applied with a brush to the affected part (previously washed with a solution of carbolic acid), which should then be left exposed to the air for at least an hour. It should afterwards be covered with lint. This treatment should, as a rule, be repeated every two or three days, and never more than once in twenty-four hours, as the pain of the application is severe, The treatment was more speedily successful when begun before ulceration had occurred.

Pereirine as a Tonic.

The bark of the pao-pereiro tree is said to be a tonic and febrifuge. It contains an alkaloid which was first isolated by Ezequiel in 1838. The name of pereirine has been given to it. The product of that name used in Brazil is an amorphous yellow powder, which is not a pure alkaloid, but contains a compound of amyl, a bitter coloring substance insoluble in water, analogous to glucose, a hydrocarburet, and another crystallized substance, probably a glycosid. Pereirine is very slightly soluble in water, to which it communicates a bitter flavor, but dissolves easily in ether. M. Guimaraes has proved that pereirine produces the following effects:

1. A period of agitation characterized by slight convulsive trembling of the skin, irregular respiratory movements, decrease of the central and peripheral temperature and of the pulse-beat.

2. A period of functional paralysis, consisting in aphonia, diminution in the number of respirations, elevation of temperature, paralysis of voluntary movements.

3. A period of complete paralysis ending in death.

Pereirine, as sold commonly, is impure. M. Fereira has administered doses of two grammes a day in cases of persistent paludal infection.

Aseptol; a New Disinfectant.

This substance is orthophenol-sulphuric acid, and has been known since the year 1841. It has been lately brought forward in France as a disinfectant, and Dr. Hüppe (*Centralb. f. d. Med. Wiss.*, No. 50, 1886,) has made experiments with it which have led him to the opinion that it possesses advantages entitling it to rank beside carbolic acid and bichloride of mercury. Commercial aseptol is a syrupy liquid, having a faint odor of carbolic acid. It is soluble in all proportions in water, alcohol, and glycerine, and even in a 10 per cent. solution has no caustic action upon the skin. Such a solution kills spores of anthrax in thirty minutes, whilst a 5 per cent. carbolic acid solution requires at least twenty-four hours to produce the same effect. A 3 or 5 per cent. solution of aseptol is a true disinfectant for spore-free micro-organisms, or for such as do not form endogenous spores. A 3 per cent. solution was found quite sufficient to disinfect the (previously cleansed) hands. Solutions of aseptol in alcohol, glycerine, or oil (in the last-named no permanent solution takes place) showed no disinfectant power. By heat it is changed into the corresponding para-combination.

External Application of the Juice of Euphorbia.

Since hypodermic injections of papain have been used in diphtheria and cancer, without accident of any kind resulting, the juice of euphorbia has been tried. The results were not very satisfactory. M. Baudry published in the *Bulletin Médical du Nord* the case of a patient suffering from cancroid of the right lower lid, who had himself applied a kind of poultice made of crushed twigs and leaves of the euphorbia (E. helioscopia), a plant containing a milky corrosive juice, employed by country people as a preventive of warts. Two hours afterwards the pain became so intense as to oblige the patient to remove the poultice; he was also attacked by acute conjunctivitis. When first seen eight days afterwards, a whitish ulceration occupied the lower third of the cornea, which threatened to spread rapidly; this was followed by iritis, and hypopyon ensued. Sæmisch's operation

was done the next day, and the patient recovered, with a large adhering leucoma, for which iridectomy will be performed later on. M. Baudry mentions the communication made by M. Landowski, at Grenoble, in 1885, on the destructive action of the juice of euphorbia.

Mirrors for Ophthalmic and other Operations.

During the winter months, the usual daylight is frequently not sufficient for ophthalmic and other operations, nor are operations confined to the few hours during which daylight is present. When operations are performed under such disadvantages, the use of a large concave mirror, of eight or more inches focus, placed upon the brow, will be found of great service, says Dr. W. L. Purves in the *Brit. Med. Jour.* By its means the operator may use artificial light of weak intensity to greater advantage, and regulate its degree and position in a manner he cannot otherwise do.

By using a mirror with two apertures, the ametrope may arrange the lenses he requires behind the mirror; so that he avoids creating the silly impression which sometimes possesses the patient, that any one requiring lenses to operate by is not so reliable as one who can act without them. Presbyops may find this especially useful. A parallelogram form of mirror is, for this purpose, probably better than the round.

Radical Cure after Strangulated Hernia.

Mr. Barling showed a man aged thirty-five on whom he had operated for congenital inguinal hernia eighteen months ago to the Midland Medical Society, December 8. At the operation blood was found in the sac and walls of the intestine, in which there was also a slight laceration. After the strangulation was relieved a tunica vaginalis was made from the lower part of the sac, and the upper part was ligatured and left in the inguinal canal. Two short wire sutures were then passed through the pillars of the ring and walls of the inguinal canal; these were tightened up and cut short. The wound healed by first intention; the patient got up with a truss on in three weeks, and has since worn a truss, until a month ago, when he was instructed to discard it. At the present time there is no return of the hernia, and the external ring is tightly closed; the wire sutures can be felt *in situ*, the testicle feels normal, and slides easily in its tunica vaginalis.

Cholera During Pregnancy.

At a recent meeting of the Académie de Medécine, M. Queirel, of Marseilles, read a paper entitled "Cholera During Pregnancy," in which he stated that, whilst pregnancy is not a predisposing cause of cholera, it appears to make the prognosis less favorable. It has not yet been ascertained whether the disease is transmitted by the mother to the fœtus, but it proves fatal to children at the breast. It is also a frequent cause of abortion. Danger to the mother is greater during the second period of pregnancy, though, should she contract the disease near the end of her time, the child may be born alive, only to die, as often happens, from cholera, a few days after birth. Cholera is more dangerous after delivery, and arrests lactation. From a clinical point of view, the only fact worth recording is, that a severe form of rickets is frequently met with in cases where the mother has had cholera during pregnancy.

Bright's Disease without Albuminuria.

At a recent meeting of the Société Médicale des Hôpitaux, M. Dieulafoy, who has already drawn attention to a form of Bright's disease in which there is no albuminuria, communicated the details of a case which had been verified by post-mortem examination. The patient was a man of 63, suffering from headache and dyspnœa. Neither alcoholism nor syphilis was detected. Dyspnœa dated from several months back, and was characterized by attacks of oppression of a character differing from those which occur in asthma and emphysema. There was slight transient œdema below the malleoli; no albumen in the urine. Soon after admission the patient was attacked with violent delirium and fever. Albumen was then discovered in the urine, and death took place on the eleventh day. The two kidneys presented characteristic lesions.

Case of Snake Bite.

At a recent meeting of the Paris Surgical Society, M. Terrier communicated the case of a showman at a menagerie who was bitten by a snake. Immediately after the bite, the patient tied a ligature tightly round his arm. The wound was afterwards cauterized, but considerable œdema followed. M. Pluzette (Marseilles) injected tincture of iodine locally, and gave an emetico-cathartic, followed by the administration of stimulants, etc. Antiseptic baths were also ordered. The œdema increased, and serious systemic dis-

turbance ensued twelve hours after the accident. The general symptoms improved; but the œdema continued, and gangrene appeared imminent. Eventually, however, the patient recovered, only slight œdema of the arm remaining.

Hereditary Syphilis of the Tongue.

Before the Medical Society of London, Dr. Orwin showed a lad with a curious disease of the tongue. No very clear history of syphilis could be made out, except that he had "snuffles" when a baby. When admitted, the tongue was three times the natural size, and very painful. Under iodide of potassium and nitrate of silver, applied locally, a very good recovery had taken place.

Dr. Angel Money said he had seen several similar cases at the Children's Hospital.

Mr. W. Pye suggested that, in the absence of a history of syphilis in the parents, it might possibly have been primary.

Acetanilide, or Antifebrine.

M. R. Lépine has published in the *Lyon Médicale* an account of a number of observations he has made both on animals and on patients of the action of this drug. He finds that it is a very valuable "nervine" in doses of seven and a half grains, producing as great an effect on the lightning pains of patients suffering from locomotor ataxy as a drachm or so of antipyrin. Like the latter, it lowers the temperature in fevers, and is preferred to antipyrine by patients because it does not produce a condition of semi-intoxication, as antipyrine in large doses is apt to do.

Bicarbonate of Soda in Tonsillitis.

The treatment of tonsillitis by frequent local applications of carbonate of soda, which has been practiced and recommended by Dr. D. Juan Giné, has been put to a series of tests by another Spanish physician, Dr. D. Rovira y Oliver, who deduces from them the opinion that, though it is often beneficial in cases where the parenchyma of the tonsil is affected, it is of much less value than many other applications in cases which are merely superficial and catarrhal.

Trichinosis of Sheep.

At a recent meeting of the Academy of Medicine, M. Johannès Chatin read a paper on trichinosis in sheep (measly mutton). M. Chatin concludes, from his investigations on this subject, that this parasitical affection is not so important as has been supposed. The cysticerci rarely breed in sufficient numbers to cause true trichinosis; and, even should this be the case, there is no danger of their being transmitted to human beings.

Treatment of Erysipelas.

For the treatment of erysipelas Dr. Archangelski has tried a number of applications, and finds that their comparative efficiency is represented by arranging them in the following order: (1) benzoic acid; (2) tincture of iodine and turpentine, as ointment; (3) sulphate of copper; (4) sulphate of iron; (5) oxide of zinc; (6) naphthalin; (7) solution of perchloride of mercury, 1 to 300; (8) chloride of zinc; (9) iodoform.

Quillaja Saponaria as an Expectorant.

Dr. Maslovski has used the root of quillaja saponaria, which was recommended by Kobert, as a substitute for senega in a number of different pulmonary affections, and finds that it is a valuable expectorant. It is, however, contra-indicated where hæmoptysis is present.

Benzoin Resin in Ulcers.

Dr. Woskresenski, writing in the *Russkaya Meditsina* on the use of benzoin resin as a popular remedy for ulcers, says that he has frequently employed an ointment of the strength of four drachms to the ounce spread on lint, and renewed twice a day, with excellent results.

Correspondence.

Midwifery in the Country.

Eds. Med. and Surg. Reporter:

An article on this subject in a recent number of the Reporter by me seems to have attracted *some* attention at least, since I have received letters from different practitioners, and seen notices in at least one journal besides yours. Dr. Manchester refers to it in a recent communication, and for fear my position may not be altogether understood, with your permission I will add a few thoughts.

Dr. M.'s obstetrical practice must have been exceptionally good if he had four or five hundred cases in seven years. Not many practitioners meet with so many cases

in so short a time. Some great man has said, "Nothing succeeds like success," which is as true in the practice of medicine in its various branches as in politics or business; and since my success according to the methods I have adopted in my obstetrical practice has been universal, so far as the mother was concerned, except in the single instance mentioned in my communication, I see no reason why I at least should not consider it the best.

As I said, I do not condemn the use of forceps, for the occasion will sometimes arise when they are the *sine qua non*, but I *do* contend they are used many, many times to the detriment of both mother and child, and the everlasting chagrin and disgrace of the medical attendant. I know quite a number of young physicians who were enthusiasts on the subject of the use of the forceps, and others who were, in a measure, forced into their use by the clamor of the public, who to-day would give anything in reason if they could undo the bloody work accomplished by their hands. It looks and sounds a great deal better on paper for some one to give elaborate directions how to operate on a torn perineum, than does the reality of the great, gaping wound staring you in the face, as it were, a monument of your want of skill or judgment.

How much better would it be for a woman to have to undergo twelve or even twenty-four hours' suffering, than to be almost literally butchered, as they sometimes are. Besides this, my experience teaches me that in one of these protracted cases of labor the use of the forceps would be utterly impossible until the os is sufficiently dilated for their introduction, and when dilation does come on, if the physician would "possess his soul in patience" awhile longer, in forty-nine out of fifty cases there would be no necessity for their introduction at all. A great many times I have been called into the country some miles to an obstetrical case where I would be detained as long as twenty-four hours, not because labor had commenced, not because my presence was of any especial use to the patient, but because her mother, or some one who was in charge, supposed the doctor should be sent for; and I would almost necessarily be compelled to stay and wait, Micawber-like, for "something to turn up," fearing if I would go away another doctor would be sent for. What good would all the forceps in the world do in these cases? Some women imagine themselves in labor almost from the time they know they are pregnant. I remember one case where I was sent for every night for nearly a week, and when labor finally began I did not get there in time; and in another case the mother of half a dozen children sent for me one month before labor actually came on. So then I contend because a labor is protracted or even painful, we are not justified in resorting to the use of the forceps, only in exceptional cases.

I do not know that any statistics of the matter were ever kept in any of our hospitals, but I will venture the opinion that the vast majority of operations our specialists are called on to do, for lacerated cervix, torn perineum, etc., are caused by the injudicious use of the forceps, and no man, I care not who he is, is justified in entailing a lifetime of misery on a woman merely for the sake, as is many a time the case, of being considered skillful in the use of the forceps, and that he may count one more in his list of operations. How many conscientious men, "in chewing the cud of bitter reflection," after discovering the irreparable injury done a confiding woman, have rued the day when their hasty zeal led them astray. I have attended a good many women upon whom the forceps had been used, and have attended some upon whom the forceps were used by other physicians subsequent to my attendance, and no trouble arose whatever, except the unpleasantness naturally following an old rent in the cervix. In the earlier years of my practice I have very frequently used a solution of tartarized antimony in rigidity of the os.

In convulsions I would much rather reverse Dr. Manchester's practice, that is, give the hydrate of chloral, combined with potass. bromid. and the morphia in undilatable os.

I cannot believe that any beneficial result could be derived from scratching the cord-like os, as recommended by Dr. M.

Chloroform certainly gives relief when there are no indications against its use, but it just as certainly retards labor, in most instances, because of its well-known property of relaxing the muscular system, as can be seen when it is administered for the purpose of reducing a hernia or dislocation.

I intended to mention in the beginning of this article, and forgot it, that I had a letter from Dr. Batchelder, of Pelham, N. H., commendatory of my former communication, and which contains so many good things, that I am almost tempted to send it to you for publication, only that it is a private letter. Dr. B. has been in practice fifty-two years, long before I was born, and with all the vast experience crowded into more than

half a century, he has only used the forceps "perhaps a dozen times," and for that, or some other reason, he has only lost one woman in confinement, away back in 1838.

WM. F. MITCHELL, M. D.

Addison, Pa., Jan. 10, 1887.

Intra-Ocular Cancer.

EDS. MED. AND SURG. REPORTER:

Upon reading the article in a recent issue of your journal on "Intra-Ocular Cancer" of a child, I am forcibly reminded of a similar case occurring in my practice a few years ago. I will briefly state the circumstance and treatment, with the results.

Patient, child, female, aged four years, was brought to my office, in good state of general health, with a defect noticeable in the left eye—parents said of recent origin. Upon a close examination I was able to discover a small spot, seemingly of a whitish character, with great defect in vision. Suspecting serious trouble, I at once directed them to an oculist, advising its removal. With that I lost sight of the case. But to my great surprise, about two months later, the child was again brought to my office with eye fairly bulging out of the orbit. Upon inquiry as to why an operation had not been porformed, they gave some flimsy excuse, and ended with the request that I do what was necessary in the case. I at once advised the complete enucleation of eye, and removal of the entire contents of the orbital cavity, which was immediately agreed to, and selecting a day suitable, I carefully removed the eye, and scraped the orbital cavity as clean as I could, in fact applying caustic as completely as possible. The little one bore the operation nobly, and, barring the unfavorable prognosis, all seemingly looked well. But, as was not unexpected, in just one month from the date of the first operation, there was such a renewal of the growth as to require a second operation, which was accordingly done, removing this time a growth as large as an ordinary hen's egg. The same scraping and cauterizing as before was indulged in, and the same prompt recovery. Again the little child made an attempt to live, but again the horrible disease manifested itself in the shape of a growth as large or larger than the former one, this time with a general dropping of the vital forces; but as the strength was sufficient, and as previous operations were well borne, I again operated, and again extended to the little sufferer a short lease of life. But when the next time, in the short space of six weeks, a cancerous mass hung out upon the cheek the size of a large goose egg, the little one succumbed to the constitutional contamination, and with no further attempt at surgical relief, quietly sunk away and was released from her suffering. Such a continual recurrence, such tolerance of surgical treatment, is seldom witnessed; and it was, as may be imagined, almost a relief to me to see the poor little child at last free from pain and the surgeon's knife.

C. G. HOLLISTER, M. D.

Union City, Pa.

Causes of the Uncertainty of Bovine Virus.

EDS. MED. AND SURG. REPORTER:

I noticed in the MEDICAL AND SURGICAL REPORTER of last week that you explain the frequent non-success of vaccination with bovine virus by the fact that the virus becomes too stale before it is used. For the last ten years, with the exception of a very few cases, I have used exclusively cow-lymph for vaccination, procured from different vaccine farms. Within the last year or two, however, I notice that it becomes more and more difficult to successfully vaccinate primary cases with this virus. In primary cases, I no longer expect more than one out of four or five children to take the vaccination, even when the virus is apparently perfectly fresh. The cause, it seems to me, must lie in the mode of charging the points or quills—either in too great attenuation of the original lymph, from the desire to prepare too great a number of points from one successful cow-scab, or in some defect in preserving the points at the vaccine farms. It is true, bovine virus, owing to the difference between the epidermis of man and oxen, does not take as readily as humanized virus, but the most frequent cause of failure, from my experience, is the worthlessness of the points. Yours truly,

W. F. MUHLENBERG, M. D.

Reading, Pa.

NEWS AND MISCELLANY.

The Surgeon and the Jockey.

The *Pall Mall Gazette* says that Archer, having been bitten or otherwise injured by a horse on one occasion, called on Sir James Paget. The eminent surgeon having bound up his wound, Archer requested to know how long it would take to heal. "Oh," said Sir James, "I think in three or four weeks you will be all right."

"But shall I be fit for the Derby?" asked Archer.

"Ye-es," was the reply. "Oh, yes! I think you may go to the Derby."

"No, but you don't quite understand me, Sir James," persisted the jockey. "I mean, shall I be fit to ride?"

"Well, I don't know," was the answer. "Better drive; better drive!"

Archer, rather taken aback by this very innocent and unexpected rejoinder, had to explain. "I am afraid, Sir James, you scarcely realize who I am?"

"No," said the surgeon, politely, referring to the patient's visiting card. "I see I have the honor of receiving Mr. Archer, but—"

"Well," said Archer, "I suppose I may say that what you are in your profession, Sir James, that I am in mine," and proceeded to tell him what that profession was.

The famous surgeon, on learning the status of his visitor, was at once greatly interested, and asked him eagerly many questions, among others, what would be his loss supposing he should be unable to fulfil the Derby engagement? to which Archer replied: "About $10,000." His average annual income he stated (if I mistake not) to be about $40,000; upon which Sir James is said to have remarked: "You may well say that what I am in my profession, that you are in yours. I only wish that my profession were as profitable as yours."

A Six-Fingered Family.

An interesting communication, having reference to twenty-seven individuals and five generations, is summarized as follows in the *Rev. Internat. des Sci. Méd.*, November, 1886. First generation: Man, born in the year 1752, had six toes on one foot. Second generation: A son with six toes on one foot; a daughter, normal. Third generation: This daughter had five children, amongst whom were a son and daughter each having six fingers on each hand. Fourth generation: The daughter last mentioned had eight children, including one son having six toes on one foot, another son and two daughters each having six fingers on each hand, and one daughter having both six fingers on each hand, and six toes on each foot. Fifth generation: The daughter last mentioned (the *Revue* makes a mistake here) had three children, including a son, doubly deformed like his mother, and a son with six fingers on each hand, the feet being normal. Moreover, one of the two daughters of the fourth generation (with only the hands affected) had eight children, several of whom were normally developed, but the rest were deformed as follows: One daughter had an osseous thickening at the digital extremity and on the outer border of the fifth metacarpal; one son had six fingers on each hand, and six toes on each foot; and another son had six fingers on each hand. Thus, in the first generation one person was affected, and in the second also one; in the third, there were two cases of deformity; in the fourth, five; and, in the fifth, in all five, that is, fourteen deformed persons altogether during five generations of this interesting family.

Cholera and Quarantine in Buenos Ayres.

According to the latest advices from Buenos Ayres, the existence of cholera in that town was officially admitted early in November last, and in accordance with the traditions of the States in that locality, the outbreak was the signal for the immediate imposition of quarantine of the harshest and most grotesque character. The adjoining provinces refused to admit anything or anybody from Buenos Ayres; whilst the latter retaliated by refusing to allow even correspondence from the other provinces to cross its borders. Monte Video absolutely prohibited any communication, even in writing, with its rival, Buenos Ayres, and we are not sure whether even telegraphic messages did not come within this prohibition. And yet, according to recent newspaper reports, it would seem as if cholera has invaded Monte Video itself. Meanwhile, the foul blots in the sanitary condition of the neighborhood remain unheeded and unremedied, the shipping and commerce are deranged, and the immigrants to the district are huddled together in the lazaretto, or have to remain on board their respective vessels.

Accidental Inoculation of Anthrax.

A case of a healthy farm-laborer contracting anthrax from a bull affected with the disease, has recently occurred in Shropshire, England. It appears that, on November 25, this man was required to slaughter a bull that had taken suddenly ill, and was apparently in a dying condition. During the operation his arm became smeared with the animal's blood. On December 2, a small "boil" appeared on the arm. Other similar lesions subsequently developed, and the man became weak and ill; he was admitted into the Salop Infirmary on December 8. After excision of one sore and cauterization of the

others, the patient recovered, and by December 17 he regained his usual health. How the bull became affected with anthrax does not seem to have been as yet satisfactorily explained, but that it was anthrax from which it suffered has been established by competent examination of the animal's blood.

Local Celebrity of a New York Medical Editor.

As Dr. Geo. F. Shrady, of New York, editor of the New York *Medical Record*, is such a stickler for keeping the names of his fellow editors out of the newspapers, we respectfully ask his explanation of the following felicitous tribute to his skill printed in the *New York Tribune* of recent date:

Dr. Geo. F. Shrady, of New York city, performed a noticeable surgical operation upon a young son of Mr. W. MacRussell, of Saugerties, N. Y., on Saturday last. The child's leg had been broken some time since, and it had become united so improperly that he had lost all use of it. The doctor removed a portion of the defective bone and reset the limb successfully. Various promi nent surgeons witnessed the operation. The patient is doing well.

Will not our brother editor relieve us by stating that it was "without his knowledge" and "contrary to his wishes?"

The London Hospitals in 1886.

Mr. E. W. Taye, the editor of the *Charity Record*, has summarized a few salient facts showing how far-reaching are the benefits conferred by the London hospitals and dispensaries, which depend chiefly upon the voluntary generosity of the public. Last year, about 120 of these charities had a total accommodation of between 6,000 and 7,000 beds—of which the London had 790; the Metropolitan Convalescent, 500; St. George's, 350; Brompton Consumption, 320; St. Mary's and Middlesex, about 250 each; Westminster, University College, King's College, and London Fever, about 200 each; City of London Chest, 164; Royal Free, 160; Charing Cross, 154; and Seamen's Hospital, 126. Relief was given at the 120 institutions to upwards of one million patients—that is, in round figures, about 60,000 in-and 940,000 out-patients.

Medical Literature.

Under this general title Mr. Howard Challen, of 150 Nassau street, New York, is preparing for publication the lists of books issued by medical book publishers in uniform octavo style. It will have an index of all medical, surgical, dental, and sanitary books, arranged alphabetically, under author, subject, and title, and all periodicals, with subscription price relating thereto, making it indispensable to book-buyers, for whom it is especially intended.

Authors and book-buyers will obtain further information by addressing the publisher.

Ants' Jaws to Hold Wounds Together.

The *San Francisco Argonaut* says that a citizen of Valrosia, Florida, wants to send some of the big red ants of that region, called "bull-dog" ants, to surgeons for use in fastening wounds of the intestines. He says that if the edges of two pieces of soft paper are held together and a bull-dog ant held so that he will clutch both sides, and his head be then quickly twisted off, the ant becomes a fixture in that position. He says that Spanish surgeons use the bull-dog ants as sutures in that way.

Therapeutic Jottings.

Dr. George H. Horn, of this city, has found that lanoline, in combination with iodoform, reduces very materially the generally so offensive odor of the latter.

He has also observed that the addition of a small quantity of common salt to a solution of the bichloride of mercury holds the latter effectually in suspension, an end much to be desired in dealing with a drug of such potency.

The Cholera in Europe.

No fresh cases of cholera have been reported, says a telegram from Rustchuk, of December 22, since the first eight deaths, which occurred about nine days ago. The sanitary cordon established around the infected village is still maintained. The Roumanian Government, having taken precautionary measures against arrivals from Bulgaria, the Bulgarian authorities, not admitting the prevalence of cholera in the country, have adopted similar measures as regards arrivals from Roumania.

Beri-Beri in the Dutch Indies.

It is officially stated that during the year 1885 there were 5,388 persons in the Atchin colony treated for beri-beri, of whom 235 died and 842 were incapacitated for duty. Up to the present time no regulatious seem to have had any effect on the ravages of this strange malady.

The Vaccination of the Austro-Hungarian Army.

Struck by the wonderful fact that in the German army the compulsory vaccination had reduced the mortality from small-pox to *nil*, the Crown Prince Rudolph of Austria had been led to urge a similar precaution for the Austro-Hungarian army, and within the last few months, the *Evening Standard* observes, every soldier has been compulsorily vaccinated. The result is that whereas in Pesth a small-pox epidemic of great severity has been raging among the civil population (who are under no compulsion), there has not been a single case among the numerous troops of the garrison at Pesth. Of course all this will be explained away by our anti-vaccination friends, and the many who died of small-pox will be regarded as better off than those who have been saved by vaccination. But the majority of people will not go wrong over such plain facts.

Oleomargarine.

The French Chamber of Deputies has adopted a measure prohibiting offering for sale, importing, or exporting oleomargarine or any substance bearing the name of margarine, intended as a substitute for butter. The adulteration of butter with margarine, grease, oil, or any other substance whatever, is also forbidden.

Items.

—Dr. Alfred Meadows, of London, has been elected an honorary member of the Washington Obstetrical and Gynecological Society.

—Prof. Pajot, of the Paris Faculté de Médecine, recently attained his seventieth birthday, the time at which all professors in French institutions must retire.

—One of our readers was called to see a baby, and found the mother holding it. "Is your baby troublesome?" he asked. "Yes, very," she said; "I have had to 'sit under' him all day."

—A piece of sacred music has recently been composed and performed in private by one of the professors of the medical faculty of Madrid, which is highly spoken of by the press of that capital.

—Charles James Fox, M. D., of Willimantic, Conn., has been appointed Surgeon-General of the State of Connecticut, and entered upon his duties as a member of Governor Loundsbury's staff on the 7th inst.

—Dr. Albert Burckhardt-Merian, Professor of Otology in the University of Basle, and one of the editors of the *Correspondenz-Blatt für Schweitzer Aerzte*, died recently, after a prolonged and extremely painful illness.

—An action has been brought by order of the German Chancellor against Dr. Oidtmann, editor of the *Impfzwanggegner* (Anti-compulsory vaccinationist), for libeling Prof. Koch and Privy Councilor Köhler.

—The Sacramento *Medical Times* is the title of a new monthly journal, the first number of which will appear in March, under the editorship of James H. Parkinson, L. R. C. S., and Wallace A. Briggs, M. D., of Sacramento, Cal.

—We are requested by Dr. Casper to state that the original communication which appeared under his name in the REPORTER for November 21, 1885, was by Dr. Kadner, and was merely forwarded to us by Dr. Casper. The mistake was our own in crediting it to the latter instead of the former.

—The Committee on Hygiene of the Medical Society of the County of New York have waited upon the Board of Health in a body for the purpose of urging upon them the passage of an ordinance requiring the baling of all stable-manure in the city; the Board has as yet arrived at no decision in the matter.

—The members of the National Wholesale Druggists' Association have been supplied with petitions to Congress for the repeal of the internal revenue on alcohol. This is in accordance with a resolution adopted at the last meeting. There is considerable prospect, says the *National Druggist*, of the object being accomplished.

—About three hundred students of the Jefferson Medical College in this city have united in a petition to the Faculty of that institution, asking that the eminent ophthalmologist, Dr. William Thomson, now professor of that branch in the Jefferson, shall deliver a didactic course of lectures on the eye aud its diseases in addition to the clinical instruction already provided.

QUERIES AND REPLIES.

DOES FREEZING RUIN LEAD WATER?

EDS. MED. AND SURG. REPORTER:

In your Query column of the REPORTER, will you please tell me if liq. plumb. subacet. is ruined after freezing? Mine did so recently, and after thawing refuses to make solution again. What is best to do with it? E. I. P.
Campte, La.